



CITY OF SEAL BEACH

APPLICATION FOR BUSINESS LICENSE

Chapter 5.10 of the Seal Beach Municipal Code provides that it shall be unlawful for any person to conduct or carry on any business, trade, profession, calling or occupation within the City of Seal Beach without obtaining a business license and paying the required fee. In order to obtain your business license, you are required to complete this application and the attached forms before submitting them to the Finance Department. No license will be issued until this form is filed and approved and the license fee is paid in full.

Business Name _____

Business Location _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ **Business Fax** _____

E-Mail Address _____

Ownership: Corporation Partnership Individual

Start Date	Description of Business

Business Type: Retail Service Professional Wholesale/Manufacturer Home Occupation Res./Com. Rental

State Lic. No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____ **Federal Tax I.D. No.** _____ **State Tax I.D. No.** _____

Below this line, enter Names of Owners, Partners, or Corporate Officers – Use Additional Sheets if necessary.

Owner Name _____ **Title** _____ **Phone** _____

Home Address _____ **Cell Phone** _____

Mailing Address (if different from above) _____

Social Security No. _____ **Driver's License No.** _____

Owner Name _____ **Title** _____ **Phone** _____

Home Address _____ **Cell Phone** _____

Mailing Address (if different from above) _____

Social Security No. _____ **Driver's License No.** _____

In case of emergency, please contact:

Name _____ **Title** _____ **Phone** _____

Address _____ **Cell Phone** _____ **Hrs of Operation** _____

Do you have an Alarm System? Yes / No (If Yes, alarm must be registered with SBPD) **Permit No.** _____

PROVIDE THE FOLLOWING INFORMATION:
No. of Professionals _____
No. of Employees _____
No. of Ind. Contractors _____
No. of Vehicles _____
No. of Units _____
No. of Vending Machines _____
No. Game Machines _____

CHECK ONE:	<input type="checkbox"/> Money Lending	<input type="checkbox"/> Sell club plans & memberships
<input type="checkbox"/> Commission or Brokerage	<input type="checkbox"/> Advertising Service	<input type="checkbox"/> None of these Categories
<input type="checkbox"/> Real Estate Agent	<input type="checkbox"/> Manufacture/Process/Fabricate	

I declare under penalty of perjury that this application and any attachment thereto, have been examined by me and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Print Name _____ **Title** _____

Signature _____ **Date** _____

Please Check One:
<input type="checkbox"/> New Application
<input type="checkbox"/> Change of Owner
<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Home Occupation

FOR OFFICE USE ONLY:
License # _____
Customer # _____
License Type _____
Lot # _____
Account # _____
By _____
Reviewed & Approved By:
Bus. Lic. Dept. _____ / _____
Com. Dev. Dept. _____ / _____
Eng. Dept. _____ / _____
OCHCA _____ / _____
Home Occ. Req'd Yes No



CITY OF SEAL BEACH

BUSINESS OCCUPANCY APPLICATION FORM

PROPERTY	Building Address _____ Suite/Unit _____ Area Occupied _____ sq. ft.
	Building Owner/Manager _____ Phone _____
	Contact Person _____ Phone _____
	Building Owner's Mailing Address _____

BUSINESS	Business Name _____ Phone _____
	Business Owner <i>(as It is to appear on business license)</i> _____
	Business Description _____
	Previous Use _____ Vacant Since _____ Restaurant Uses: No. of Seats _____

Applicant: _____
(print) (sign) date)

DO NOT WRITE BELOW THIS LINE – FOR CITY USE

PLANNING

ZONE _____ CUP _____ VARIANCE _____

USE _____

RESTRICTIONS _____

Permitted use at this location. Proceed with application.
 Not allowed unless a CUP is first obtained.
 Not a permitted use at this location. DO NOT PROCEED.
 Permitted subject to specified restrictions.
 Planner _____ Date _____

ENGINEERING

Non-FSE
 FSE Exempt – Case 1
 Full FSE – Case: 2 3 4
 Not connected to City Sewer System

COMMENTS: _____

Engineer _____ Date _____

BUILDING

C of O on File:

 C of O NOT Required – Home Occupation.
 Yes - Number _____
 No - New Certificate of Occupancy Required.
 Inspection Required.
 Inspection NOT Required.
 Inspection Scheduled

Type of Business _____

Construction Type	Occupancy Group	Max. Occ. Load
Design Floor Live Load	T.I. Permit	Number of Exits

BUILDING APPROVAL _____ **DATE** _____



CITY OF SEAL BEACH

ACKNOWLEDGEMENT OF WORKERS COMPENSATION INSURANCE FORM

Business Name _____

Business Address _____

My signature on this form acknowledges I understand that under California Law, I am required to carry workers' compensation insurance for my employees at all times.

I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by workers' compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

Name _____ Title _____

Signature _____ Date _____

Required Stormwater Quality Information
CITY BUSINESS LICENSE SUPPLEMENTAL APPLICATION

IS YOUR BUSINESS INVOLVED IN ANY OF THE FOLLOWING ACTIVITIES? (Circle Yes or No)

Business Type/Activity		Involved
1.	Eating or drinking establishments, such as restaurants and food markets.	Yes – No
2.	Industrial facilities involved in manufacturing or production.	Yes – No
3.	Automobiles, airplanes, boats, vehicles or equipment - <ul style="list-style-type: none"> • repair • fueling • body work • painting and coating • maintenance • cleaning • impound or storage facility (automobile only) 	Yes – No
4.	Building and landscape maintenance (including sales and storage) - <ul style="list-style-type: none"> • landscape and hardscape installation • painting and coating • building material storage facility • portable sanitary service facilities (facility within city boundaries) • pool, lake and fountain cleaning • building material retail sales facility • pest control service facility (facility within city boundaries) 	Yes – No
5.	Plants or animals/insects - <ul style="list-style-type: none"> • nurseries • pest control service facility (facility within city boundaries) • greenhouses • animal facilities such as petting zoos and boarding and training facilities 	Yes – No
6.	Painting and coating.	Yes – No
7.	Transport, storage or transfer of pre-production plastic pellets.	Yes – No
8.	Golf courses.	Yes – No
9.	Mobile Cleaning Service.	Yes – No
<p>IF ALL ANSWERS WERE “NO”, please sign the following certification statement and nothing else. “I certify that my business does not engage in any of the above mentioned activities.”</p> <p>Business Name _____ Type of Business _____</p> <p>Print Name _____ Signature _____ Date _____</p>		

IF YOU ANSWERED “YES” AT LEAST ONCE, please complete the sections below.

Business Name:	Site Address:
Responsible Individual:	Phone Number:
Please list the activities that take place at your business:	
What percent of your activities occur outdoors? a. 0% b. Less than 25% c. 25-75% d. 75-100%	
What is the approximate size of your site? _____ sq. ft. _____ acres	
What percent of the business property’s surface area is impervious? (hard surfaces such as pavement and roofing) _____ %	
<p>READ AND SIGN IF YOU ANSWERED “YES” ON THIS PAGE AT LEAST ONCE</p> <p>“I, the undersigned, hereby state that I have read, understand and will comply with all rules and regulations of storm water runoff pollution prevention including federal, state, and local regulations.</p> <p>I am also aware that any violations to the water quality regulations, whether ongoing or intermittent, may result in additional enforcement action in accordance with the City’s Water Quality Ordinances including possible fines of \$100 for the first violation, \$200 for a second violation, and \$500 for each additional violation. Payment of the fine shall not excuse the failure to correct the violation nor shall it bar further enforcement action by the City. Additional enforcement actions include administrative abatement, civil penalties, revocation of permits, recordation of notice of violation, withholding of future municipal permits, criminal prosecution and/or civil injunction, and order for reimbursement including costs of inspection, investigation and monitoring, cost of abatement, legal expenses, and cost relating to the restoration of the environment.</p> <p>I am also authorized to act on behalf of the firm and will relay this information to the appropriate personnel who perform any of the above-mentioned activities.”</p> <p>Print Name _____ Signature _____ Date _____</p>	

TO AID YOUR BUSINESS IN COMPLYING WITH STORMWATER QUALITY REGULATIONS:

Best Management Practice (BMP) Fact Sheets are provided by the County to educate you and your staff in preventing stormwater pollution. These Fact Sheets address a wide range of business activities, such as vehicle washing, outdoor storage and waste handling and are available to print and download free of charge at http://www.ocwatersheds.com/StormWater/documents_bmp_intro.asp



South Coast
 Air Quality Management District
 21865 Copley Drive, Diamond Bar, CA 91765-4182

Small Business Assistance Office
 1-800-388-2121
 smallbizassistance@aqmd.gov
 www.aqmd.gov

Air Quality Permit Checklist

South Coast Air Quality Management District developed this Air Quality Permit Checklist (checklist) as a screening evaluation tool in the process required by California Government Code Section 65850.2.

Please submit this checklist to the Small Business Assistance Office by email, mail, or in person for review. If you have any questions or need assistance completing this checklist, contact the Small Business Assistance Office. Provide a response to **all sections** of this checklist as South Coast AQMD may decline to approve this checklist due to lack of information from the applicant.

NOTE: This checklist is not intended for the approval of demolition or renovation activities. If there are any **demolition or renovation activities** that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

Section A – Operator and Business Information

1. Business Name:	
2. Address:	
Street _____	City _____ CA _____ Zip _____
3. Contact Name:	Phone:
Title:	Email:

Section B – Business and Equipment Description

Please provide a detailed description of the ongoing business operations performed and equipment used at this location, including both new and existing equipment.
 Provide the existing South Coast AQMD facility ID and/or permit numbers, if any.

Section C – Equipment List

Select from the list below equipment currently in operation or to be installed.
 (Select all that apply and provide the specifications)

- | | |
|---|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room | <input type="checkbox"/> Soldering Oven |
| <input type="checkbox"/> Air Conditioning Systems (> 50 lbs of refrigerant) | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Application of Paints/Adhesives/Resins | <input type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Baghouse/Dust Collector | <input type="checkbox"/> Storage Silos |
| <input type="checkbox"/> Bakery Oven (gas-fired, excluding eating establishments) | <input type="checkbox"/> Fuel-burning equipment |
| <input type="checkbox"/> Boiler/Water Heater
(max. heat input = or > 1 million BTU/hr) | <input type="checkbox"/> OTHER equipment which may have the
potential to emit or control air
contaminants: |
| <input type="checkbox"/> Charbroiler | _____ |
| <input type="checkbox"/> Coffee Roaster (excluding eating establishments) | _____ |
| <input type="checkbox"/> Deep Fryer (excluding eating establishments) | _____ |
| <input type="checkbox"/> Dry Cleaning | _____ |
| <input type="checkbox"/> Electrostatic Precipitator | _____ |
| <input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting | _____ |
| <input type="checkbox"/> Fermentation | _____ |
| <input type="checkbox"/> Gasoline Storage & Dispensing | _____ |
| <input type="checkbox"/> Internal Combustion Engine
(rated > 50 bhp; e.g. back-up generator, fire pump) | _____ |
| <input type="checkbox"/> Mixing/Bleding of Liquids and/or Powders | _____ |
| <input type="checkbox"/> Molding/Extruding/Curing of Plastics | _____ |
| <input type="checkbox"/> Pharmaceutical/Nutraceutical | _____ |
| <input type="checkbox"/> Plasma/Laser Cutter | _____ |
| <input type="checkbox"/> Printing/Coating/Drying | _____ |
| <input type="checkbox"/> Refrigeration Systems (containing >50 lbs of refrigerant)
Contact the CA Air Resources Board to register the systems.
916-324-2517 or rmp@arb.ca.gov | _____ |

Section D - Business Self Certification

7. Owner or Authorized Representative*:		Title:
Signature:	Date:	Phone:

I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.

South Coast AQMD USE ONLY	Equipment:	Approved By:
	<input type="checkbox"/> Applicant has permit(s) or registration(s):	
	<input type="checkbox"/> Applicant has filed for permit(s) or registration(s):	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring a permit or registration.	

*An **Authorized Representative** is an employee of the business described in Section A, who is authorized to sign on behalf of the owner.

Proof of Background Check or
State Issued License for
Non-Medical Caretaker

Copy of State Issued
Photo ID or Driver's License