



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:

- ☐ Money Lending ☐ Sell club plans & memberships
☐ Commission or Brokerage ☐ Advertising Service ☐ None of these Categories
☐ Real Estate Agent ☐ 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:

- ☐ New Application
☐ Change of Owner
☐ Change of Business Name
☐ 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 _____	<input type="checkbox"/> Permitted use at this location. Proceed with application. <input type="checkbox"/> Not allowed unless a CUP is first obtained. <input type="checkbox"/> Not a permitted use at this location. DO NOT PROCEED. <input type="checkbox"/> Permitted subject to specified restrictions. Planner _____ Date _____
RESTRICTIONS _____	

ENGINEERING

<input type="checkbox"/> Non-FSE <input type="checkbox"/> FSE Exempt – Case 1 <input type="checkbox"/> Full FSE – Case: 2 3 4 <input type="checkbox"/> Not connected to City Sewer System	COMMENTS: _____ _____ _____ Engineer _____ Date _____
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BUILDING

C of O on File: <input type="checkbox"/> C of O NOT Required – Home Occupation. <input type="checkbox"/> Yes - Number _____ <input type="checkbox"/> No - New Certificate of Occupancy Required. <input type="checkbox"/> Inspection Required. <input type="checkbox"/> Inspection NOT Required. <input type="checkbox"/> 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 - <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> repair fueling body work painting and coating <ul style="list-style-type: none"> maintenance cleaning impound or storage facility (automobile only) </div>	Yes – No
4. Building and landscape maintenance (including sales and storage) - <div style="display: flex; justify-content: space-between;"> <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) <ul style="list-style-type: none"> pool, lake and fountain cleaning building material retail sales facility pest control service facility (facility within city boundaries) </div>	Yes – No
5. Plants or animals/insects - <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> nurseries pest control service facility (facility within city boundaries) <ul style="list-style-type: none"> greenhouses animal facilities such as petting zoos and boarding and training facilities </div>	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

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.”

Business Name _____ Type of Business _____

Print Name _____
Signature _____
Date _____

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) _____ %	

READ AND SIGN IF YOU ANSWERED “YES” ON THIS PAGE AT LEAST ONCE

“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.

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.

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.”

Print Name _____
Signature _____
Date _____

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

Air Quality Permit Checklist

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

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/Bleeding 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.

INSTRUCTIONS: Complete all questions of general nature and those indicated for your type of business. Use separate sheet of paper if additional space is required.

CITY OF SEAL BEACH
211 EIGHTH STREET
POLICE DEPARTMENT NOTIFICATION
OF LICENSE OR PERMIT APPLICATION
(REQUIRED FORM FOR MASSAGE & CAREGIVERS)

Type of Business PLEASE PRINT						DBA _____		New bus. Owner change Address change	
Business Name						State Lic. #		Date Filed	
Business Address								Business Phone	
Name of Applicant								Place of Birth	
Residence Address (If Caregiver cannot be the same as above. Must have 2nd address.)								Residence Phone	
Sex	Hair	Eyes	Height	Weight	Date of Birth	Drivers License		Filed for Bankruptcy	
Corporation General Partnership Limited Partnership Individual					Place of incorporation or Partnership			Date	
Subsidiary of a Parent Corporation or Business Yes No Name						Shareholders Yes No		# of Shareholders/Partner	
PARTNERSHIP OR CORPORATION LIST NAME(S) OF PRINCIPAL PARTNERS OR OFFICERS								ALL APPLICANTS:	
Name (Please Print) Last First M.I.					Date of Birth		% of Interest		Previous Business
Sex	Hair	Eyes	Height	Weight	Title		Drivers License		Prior Business Address
Residence						City/State		Residence Phone	
Name (Please Print) Last First M.I.					Date of Birth		% of Interest		
Sex	Hair	Eyes	Height	Weight	Title		Drivers License		If there is any reason why Such license should not Be issued, please notify our dept. in writing before process is complete or license is issued.
Message Therapists: Attach recent photographs, certificate or Diploma from Qualified Institution(s).					Message Therapists(Only): Furnish prior residence address for five years. _____				
License ever been revoked or suspended? Yes No, if yes give full details.					Furnish three local references: Name Address Phone 1. _____ 2. _____ 3. _____				
Prior business address:									
POLICE DEPT. USE ONLY Approved NOT Approved Chief of Police					Lab Tech.	ALL APPLICANTS: Have you been arrested for other than a traffic violation? Yes No I SWEAR UNDER PENALTY OF PERJURY THE ABOVE STATEMENTS ARE TRUE AND CORRECT.			
					Lic. Clerk	Signature of Applicant			
Date						Date		Title	

PHOTOCOPY OF
CALIFORNIA MASSAGE THERAPY COUNCIL
CERTIFICATION