

**CITY OF SEAL BEACH
BUSINESS LICENSE SECTION**

211 EIGHTH STREET
SEAL BEACH, CA 90740
(562) 431-2527 ext 1314
businesslicense@sealbeachca.gov



ONE DAY BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

APPLICANT ADDRESS: _____

APPLICANT TELEPHONE NUMBER: _____

APPLICANT E-MAIL ADDRESS: _____

FEDERAL TAX ID#: _____

TYPE OF PRODUCT/WORK: _____

DATE(S) OF EVENT/PROJECT: _____

ADDRESS OF EVENT/PROJECT: _____

NAME OF APPLICANT: _____

SELLERS PERMIT# (If applicable): _____

BUSINESS LICENCE TAX IS \$25 PER DAY and/or \$223 annually (July 1st to June 30th)

NUMBER OF: _____ X $\frac{\$25.00}{\text{FEE AMOUNT}}$ = \$ _____
OF DAYS

X

SIGNATURE

DATE

PAYMENT OPTIONS

- Make a payment online through the City's payment portal at <https://dpm.bankofthewest.com/ebpp/sealbeachca/Login/Index>
- Mail your payment via USPS to 211 8th Street, Seal Beach, CA 90740
- Bring your payment in an envelope to City Hall and drop it in the drop box outside City Hall

OFFICE USE ONLY

ACCOUNT #: _____ ACCEPTED BY: _____ DATE: _____