



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

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 _____