



# 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.

**Please Check One:**

New Application

Change of Owner

Change of Business Name

Home Occupation

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 \_\_\_\_\_



# 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 \_\_\_\_\_