



Business License Application

Business Name: _____

Parent Company Name: _____

(if Corporate Owned)

Note: Business address will be compared to zoning requirements before approval. Check with the Planning Division regarding the use of the location at (714) 562-3620.

Business Address: _____

(Cannot be a P.O. Box) Street # Street Name Unit # City State Zip

Mailing Address: _____

(Can be a P.O. Box) Street # Street Name Unit # City State Zip

Business Telephone: () Business Start Date in Buena Park: No. of Employees (on average):

Ownership (check one only):

- Ownership options: Sole Owner, Corporation, Partnership, Limited Liability Company, Limited Liability Partnership, Husband & Wife Co-Ownership

Retail Sales Tax # (if applicable): Contractor State No. & Class (if applicable):

Federal Employer ID # or, Owner's Social Security #: _____

OWNER'S OR PRINCIPAL'S NAME(S)

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Telephone #: () Title: _____ Telephone #: () Title: _____

Drivers License #: _____ Date of Birth: _____ Drivers License #: _____ Date of Birth: _____

FULLY DESCRIBE BUSINESS OPERATION:

Standard Industrial Class Code (SIC) _____

If applicable: Hours of Operation (M-F) (S-Su) # of Rental Units/Rooms/Spaces

CHOOSE ONE OF THE APPROPRIATE RATES BELOW

(If your business is a home occupation, you must add an additional \$35.00 one time fee to the rates below.)

- Business rates: Gross Receipts, Contractors, Hotels, Motels, and Apartments, Taxi Service, Produce Truck or Itinerant Vendor, Address Change, SB1186, Gross Payroll, Professional, Vehicle - Mobile Service, Vehicle - Delivery of Goods, Zoning Fee - One Time, Other

* For Vehicle/Vendor License - please attach a printed list of all VIN#s and License plate #s on a separate sheet.

** You MUST provide your Retail Sales Tax # to process your business license.

*** SB1186 - Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public.

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx

The Department of Rehabilitation at www.rehab.cahwnet.gov The California Commission on Disability Access at www.ccda.ca.gov

Total amount due for Business Tax \$ _____

Your Business License will be issued under the provision of Buena Park Municipal Code Section 5.00. You are cautioned that this License does not permit operation of a business in violation of other Municipal Code Sections. There will be no tax refund if you are found operating illegally after the Certificate has been issued.

Authorized Signature: _____ Title: _____ Date: _____

(If your business is physically located within the City, this application must be made in person and approved by the Planning Department)

FOR CITY OFFICE USE ONLY

Planning Approval: _____ Date Approved: _____ CUP Required? _____ CUP #: _____
Building Approval: _____ Date Approved: _____ Comments: _____
Fire Dept. Approval: _____ Date Approved: _____
NPDES Approval: _____ Date Approved: _____