

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: () _____ E-mail: _____

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

Ownership (check one only):
 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.)

- | | |
|--|--|
| <input type="checkbox"/> Gross Receipts: (Retail**, Commercial Property Leasing, etc.)
\$37.50 for the first year | <input type="checkbox"/> Gross Payroll: (Warehousing, Distribution, Manufacturing, Wholesale)
\$37.50 for the first year |
| <input type="checkbox"/> Contractors:
\$64.00 plus \$4.00 per every additional person on job | <input type="checkbox"/> Professional: (Doctors, Real Estate Agents, Property Mgmt., etc.)
\$64.00 plus \$4.00 per every additional employee |
| <input type="checkbox"/> Hotels, Motels, and Apartments:
\$22.50 for the first 4 units, then \$3.00 for each after 4 units | <input type="checkbox"/> Vehicle - Mobile Service* :
\$60.00 under 3 tons, \$72.00 over |
| <input type="checkbox"/> Taxi Service:
\$30.00 per vehicle | <input type="checkbox"/> Vehicle - Delivery of Goods (for resale only)* :
\$15.00 under 3 tons, \$22.50 over |
| <input type="checkbox"/> Produce Truck or Itinerant Vendor * :
\$2,737.50 per vehicle | <input type="checkbox"/> Zoning Fee - One Time
\$10.00 per Business location in Buena Park |
| <input type="checkbox"/> Address Change
\$10.00 per change | <input type="checkbox"/> Other: _____ |

\$ _____ Amount due for Business Tax
 + 4.00 AB1379*** - Disability Access and Education Fee (mandatory)
\$ _____ Total amount due for Business Tax

* 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.
 *** AB1379 - 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. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
 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.cdda.ca.gov

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. Your business location will be checked by Planning, Building, and, if necessary, Fire Department officials. If you have any doubt whether your business location and/or building may conform with the requirements of the Municipal Code administered by these departments, you are urged to contact the appropriate department(s) for further information before filing your application. ****Sales or use tax may apply to your business activities.** You may seek written advice regarding the application of tax to your particular business by writing or visiting the nearest State Board of Equalization. ****I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that acceptance of payment does not constitute approval of the Business License. Authorization to conduct business is not granted until issuance of the license.**

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: _____		