

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
- Limited Liability Company
- Corporation
- Limited Liability Partnership
- Partnership
- Husband & Wife Co-Ownership

Standard Industrial Class Code (SIC) (required): \_\_\_\_\_ NPDES WID# / NEC# / NONA#:

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:**

\_\_\_\_\_  
 \_\_\_\_\_

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

\$ \_\_\_\_\_ 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](http://www.dgs.ca.gov/dsa/Home.aspx)  
 The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) The California Commission on Disability Access at [www.cdda.ca.gov](http://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: _____		

# SB 205 Stormwater Discharge Compliance Form

The City of Buena Park is required under State laws and regulations to identify the potential effect that each business may have on water quality. All businesses are also required to comply with the City of Buena Park Municipal Code Chapter 13.32 Stormwater Drainage, which prohibits the discharge of pollutants and non-stormwater to City streets and storm drains.

**All businesses must complete and submit this form with their business license application**, as well as implement the appropriate Best Management Practices to prevent illegal discharges to City streets and storm drains. This form must be completed to receive your business license.

Business Name: \_\_\_\_\_

Physical Address(es): \_\_\_\_\_

1	What is the primary Standard Industrial Classification (SIC) code for this business? Look up codes here: <a href="https://osha.gov/pls/imis/sicsearch.html">https://osha.gov/pls/imis/sicsearch.html</a>	SIC# _____								
2	What type of activities is the business conducting? (Circle all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">a. Manufacturing</td> <td style="width: 50%;">d. Showroom</td> </tr> <tr> <td>b. Distribution</td> <td>e. Retail</td> </tr> <tr> <td>c. Office Work</td> <td>f. Prof. Svcs.</td> </tr> <tr> <td colspan="2">Other _____</td> </tr> </table>	a. Manufacturing	d. Showroom	b. Distribution	e. Retail	c. Office Work	f. Prof. Svcs.	Other _____	
a. Manufacturing	d. Showroom									
b. Distribution	e. Retail									
c. Office Work	f. Prof. Svcs.									
Other _____										
3	Does the business have a warehouse?	<u>Circle One</u> Yes      No								
4	Does the primary SIC code for your business fall within the ranges below? a. 10xx-14xx (Oil and Gas Mining)      e. 4911, 4952, 4953 (Electric, Sewage, Refuse) b. 20xx-39xx (Manufacturing)      f. 5015, 5093 (Recycling, Used Auto Parts, Scrap and Waste) c. 40xx-45xx, 5171 (Transportation)      g. 5171 (Petroleum) d. 4211-4225 (Storage)	<u>Circle One</u> Yes      No								
5	If you circled NO to question #4, sign the bottom of the page and return this form with your business license application/renewal.									
6	If you circled YES to question #4, has the business already applied for or obtained an Industrial General Permit?	<u>Circle One</u> Yes      No								
7	If you circled YES to question #6, provide the requested information regarding the business' applicable Industrial General Permit:	a. <b>WDID #</b> _____ b. <b>WDID App#</b> _____ c. <b>NONA ID#</b> _____ d. <b>NEC ID #</b> _____								

**Declaration**

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

State Water Board: [www.waterboards.ca.gov/waterboards\\_map.html](http://www.waterboards.ca.gov/waterboards_map.html)  
 Email: [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov) | 1-866-563-3107

Region 8 Santa Ana Regional Water Board: <https://www.waterboards.ca.gov/santaana/>  
 E-mail: [santaana@waterboards.ca.gov](mailto:santaana@waterboards.ca.gov) | 1-916-782-4130