



# CITY OF HUNTINGTON BEACH

## FINANCE DEPARTMENT – BUSINESS LICENSE

P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702

Phone (714) 536-5267 – Fax (714) 536-5934 – [www.huntingtonbeachca.gov](http://www.huntingtonbeachca.gov)

### APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR SPECIAL OR SPECIFIC EVENTS

<b>PLEASE COMPLETE ALL APPLICABLE SECTIONS: Applications must be typed, or legibly hand printed in blue or black ink</b>			
Name of Event			
Please check all that apply: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Single Vendor <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Blanket License <input type="checkbox"/> July 4th <input type="checkbox"/> Film Crew			
Business Name			
Contact Person		Title	Phone
Business Address			
Mailing Address; City, State, Zip			
E-mail Address		Web Site	Business Phone Fax
Type of Business: <input type="checkbox"/> Sole Proprietor	Social Security #	Type of Business: <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Federal Tax ID #
Location of Event			
Purpose of Event			
Date(s) of Event		Time of Event	
Description of Activity at Event			
# Booths / Vendors you will have at event: (Organizer to provide list of booths/vendors)	# Businesses providing a service at the event: (Organizer to provide list of service providers)	Approx. number of staff at event:	
Sellers Permit (Resale #)	Health Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-Profit or Charitable Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Corporation (if different)	
Officers of Corporation			
Check documents attached.	<input type="checkbox"/> 501(c)(3)	<input type="checkbox"/> Articles of Incorporation as a Non-Profit/Charitable Organization	
<input type="checkbox"/> Written approval of non-profit status from IRS		<input type="checkbox"/> Written approval of non-profit status from State Franchise Tax Board	
I am aware of the provisions of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for Workers Compensation. (Please check appropriate box)			
<input type="checkbox"/> Certificate of Workers Compensation Insurance		<input type="checkbox"/> Certificate of Self-Insurance of Workers Compensation	
<input type="checkbox"/> I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.			
I hereby declare under penalty of perjury that the information and statements on this application are true and correct.			
Signature: _____		Title: _____	
Printed Name: _____		Date: _____	
<b>OFFICE USE ONLY:</b>			
<b>Business License # :</b>		<b>Receipt:</b>	<b>Amount Due:</b>

# City of Huntington Beach Credit Card Authorization

City of Huntington Beach  
Office of Business Development  
2000 Main Street  
Huntington Beach CA 92648-2702

Fax this form to 714 374-5087

or

Email to Max Daffron, [max.daffron@surfcity-hb.org](mailto:max.daffron@surfcity-hb.org)

Business Name		Telephone Number		
Business Address				
Visa, MasterCard, or Discover ONLY <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Credit Card Number		
Expiration Date ____/____		Security Code (Last 3 digits on back of card)		
Reason for Charge <input type="checkbox"/> Film Permit Application Fee <input type="checkbox"/> Permit Issuance Charge <input type="checkbox"/> Special Beach Permit <input type="checkbox"/> Business License		Amount of Charge \$ _____ \$ _____ \$ _____ \$ 126.70		
Name of cardholder				
Cardholder Address		City	State	Zip
Telephone Number		Fax Number		
Authorized Card Holder Signature			Date	