



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

APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR SPECIAL OR SPECIFIC EVENTS

PLEASE COMPLETE ALL APPLICABLE SECTIONS: Applications must be typed, or legibly hand printed in blue or black ink									
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: _____				
OFFICE USE ONLY:									
Business License # :				Receipt:			Amount Due:		

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

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 \$ _____ \$ _____ \$ _____ \$ 126.25		
Name of cardholder				
Cardholder Address		City	State	Zip
Telephone Number		Fax Number		
Authorized Card Holder Signature			Date	