



# CITY OF WESTMINSTER

8200 Westminster Boulevard, Westminster, CA 92683

(714) 548-3258

Hours: M-TH 7:30 am - 5:30 pm F 7:30 am - 4:30 pm Closed Alternate Fridays

## BUSINESS LICENSE APPLICATION

**OFFICIAL USE ONLY**

Business License # \_\_\_\_\_

Planning Approval _____	Date _____	Conditions of Approval _____
Building Approval _____	Date _____	Conditions of Approval _____
Police Application _____	Date _____	Conditions of Approval _____

Business Name _____	Bus. Start Date _____
Corporate Name (if applicable) _____	Fictitious Name No. _____
Business Location _____ <i>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</i>	Resale No. _____
	Federal ID No. _____
Mailing Address _____	State ID No. _____
	State Lic. No. _____
Phone No. _____ Fax No. _____	State Lic. Type _____
Description of Business _____	Expire Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	Email Address _____

**Enter below names of Owners, Partners, or Corporate Officers** (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <i>(Cannot be P.O. Box)</i>		Driver Lic. No. _____
		Soc. Sec. No. _____ <i>(When other form of ID is not available)</i>
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <i>(Cannot be P.O. Box)</i>		Driver Lic. No. _____
		Soc. Sec. No. _____ <i>(When other form of ID is not available)</i>
Home Phone No. _____	Cell / Pager No. _____	

**In case of emergency, please contact** (PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES)

Contact Name _____	Title _____	Phone No. _____
Address _____		Cell / Pager No. _____

**Alarm Company, if applicable**

Company Name _____	License No. _____
Address _____	Phone No. _____

**Property Owner**  **Property Management, if applicable**

Name _____	Title _____	Phone No. _____
Address _____		

Estimated Gross Receipts for first year of operation	\$ _____	No. of Employees	_____	No. of Units	_____
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# CITY OF WESTMINSTER

## Business License Declaration

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### CHANGE OF OCCUPANCY / TENANT IMPROVEMENT STATEMENT

All new businesses requiring for changes of occupancy use and/or making remodels must submit plans, pay the appropriate fee, and obtain a city building permit prior to obtaining a business license.

Initial \_\_\_\_\_

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### SIGN / BANNER STATEMENT

All new businesses requiring a sign must submit plans and pay the appropriate fee to obtain a city sign permit. Banners, pennants and flags are considered temporary use and require a temporary sign permit.

Initial \_\_\_\_\_

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### WORKERS' COMPENSATION INSURANCE STATEMENT

I understand that under California law, I am required to carry workers' compensation insurance for my employees at all times. I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000. I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

I currently have employees:  yes  no

Initial \_\_\_\_\_

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### ALARM PERMIT REQUIREMENTS

I understand that the City of Westminster has a False Alarm Ordinance requiring a permit from the Police Department. I understand that as a business owner or manager, it is my responsibility to keep proper alarm records of the alarm company, a primary contact person, telephone number and any other pertinent information, updated with any changes. I understand that unpaid or excessive alarm contacts will be effecting true emergency responses to this location and civil penalties may occur.

Initial \_\_\_\_\_

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### NPDES REQUIREMENTS

Businesses shall conform to the requirements of the National Pollutant Discharge Elimination System. Business owners shall prevent polluted water from running into the storm drain systems.

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### ADA COMPLIANCE

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).

It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable federal, state and city laws, the business license may be revoked by the City. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license. I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. Neither the payment of fees and/or taxes nor the possession of the business license permits or allows doing any act which would not be otherwise allowed by other code provisions or statutes. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals which have not yet been obtained.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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