City of El Segundo

Application for Business License to Conduct Home Occupation

BUSINESS NAME
APPLICANT'S NAME
ADDRESS
TELEPHONE
FULL DESCRIPTION OF BUSINESS
STATE BOARD OF EQUALIZATION (If Applicable)

In connection with my request for a business license at the above address, I hereby agree to the following conditions:

1. Not more than two hundred (200) square feet located in the dwelling shall be devoted to the home occupation.
2. There shall be no display of inventory, supplies, materials or merchandise on the premises.
3. No person shall be employed other than immediate members of the family who reside on the premises.
4. No signs in connection with the home occupation, lighted or unlighted, shall be placed on the premises.
5. The home occupation shall not preempt the required off-street parking spaces.
6. The home occupation shall not generate vehicular traffic not normally associated with residential uses.
7. No home occupation shall be permitted that creates noise, odor, dust, vibration, fumes, smoke, electrical interference or other objectionable conditions not normally associated with a residential occupancy.

It is hereby agreed that the license to conduct this business at the above address is granted subject to these conditions, and may be revoked for failure to observe any of these conditions. I declare under penalty of perjury that the above statements are true and correct to the best of my knowledge.

_____

Applicant's Signature Date

LICENSE APPROVAL

PLANNING DIVISION

_____ Date _____

Notes: _____

_____

_____

_____

_____

_____

_____

City of El Segundo

Business License Division
350 Main Street, El Segundo, CA 90245
(310) 524-2317 Fax (310) 640-0489
www.elsegundo.org

BUSINESS REGISTRATION APPLICATION

Please review the instructions on the reverse.

NOTE: The issuance of a business license reflects that the business license has been paid but it is not a certification that the use covered by the license is allowed on the property identified on the license. Please verify with the Planning/Building & Safety Department that the proposed use is allowed on the property.

PLEASE TYPE OR PRINT CLEARLY **ACCOUNT NUMBER**

Application Type New Application ☐ Business Name/Address Change ☐ Ownership Change ☐ Application Update ☐

Business Type Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ LP ☐ Other(Specify):

Business Name		Telephone	FAX
Address: Street & Number	Suite/Apt #	City	Zip Code
Mailing Address			
Business License Contact: Name	Telephone	E-mail	
Start Date in El Segundo		Website	
NAIC	Number of Employees	Business Square Footage	
FEIN or SSN	SEIN	Sales Tax (Seller's Permit)	
Full Description of Business Activity in El Segundo			

List Corporate Officer, Owner or Partner Information

Officer, Owner or Partner Name	Title	Home Address/ City/ State/ Zip Code	Home Telephone
1.			
2.			
3.			

Emergency Contact Information (Police and Fire Department Emergency Use)

Local Contact	Full Local Address	Home Telephone
1.		
2.		

Additional Information

Landlord Name	**Contact Person**
Landlord Address	**Landlord Telephone**

Does your Business Plan to install/operate an Alarm System? Yes___No___ Vending Machines? Yes___No___ (List number and Type)
Tobacco Sales? Yes___No___BOE license # _____ Alcohol Served? Yes___No___ABC License # _____
Will there be Entertainment or Dancing? Yes___No___ Dancing? Yes___No___ (both require entertainment permit application)
Vehicle Information: Year and Make _____ License Number _____

I hereby certify, under penalty of perjury, that I am authorized to complete this form and the above information is true and correct.

_____

Applicant's Signature Title Date Print Applicant's Name

Received/Notes:

Zoning Review

Commercial Business	(3301)	$ _____
Vehicles	(3303)	$ _____
Contract Employees	(3304)	$ _____
Home Occ./Other	(3305)	$ _____
Penalties/Interest	(3306)	$ _____
State Mandated SB1186 fee*		$ **1.00**
Total Due		$ _____

BUSINESS REGISTRATION APPLICATION INSTRUCTIONS

All registrants must complete sections 1, 2, 3 and 5.

Businesses located in the City of El Segundo are required to also complete section 4 as applicable.

This Business Registration Application will serve as your receipt when received by the City, and all necessary fees have been paid.

THIS IS NOT A LICENSE TO CONDUCT BUSINESS

NOTE: ALL PERSONAL BUSINESS REGISTRATION INFORMATION (HOME ADDRESSES, TELEPHONE NUMBERS, DRIVER'S LICENSE NUMBERS, SOCIAL SECURITY NUMBERS, ETC.) IS PROPRIETARY INFORMATION, CONSIDERED "PRIVATE & CONFIDENTIAL" AND NOT ARBITRARILY SUBJECT TO PUBLIC INSPECTION.

Section One

BUSINESS NAME -- Enter business name. If doing business in another name (DBA), enter the "DBA" business name here.

BUSINESS LOCATION -- Enter business street number, street name, suite/apartment number, city, and zip code.

MAILING ADDRESS -- If different from business location, enter the business mailing address. If address is the same, enter "SAME."

BUSINESS LICENSE CONTACT-- Enter the name, telephone, and email address of the primary contact person for business license purposes.

STARTING DATE -- Enter date your business started. NOTE: For change of location, name, owner, or business activity, enter date of change.

WEBSITE – Enter the business' website address.

NAIC -- Enter your business' North American Industry Classification code.

NUMBER OF EMPLOYEES -- Enter the total number of Full-Time and Part-Time people at all El Segundo locations, including owners, partners, and corporate officers.

BUSINESS SQUARE FOOTAGE -- Include all building space excluding elevator shafts, stairwells, uncovered courts or atriums, building equipment rooms, and parking areas.

FEDERAL IDENTIFICATION NUMBER -- Enter Federal Employer Identification number. If sole proprietorship or partnership, enter Social Security number.

STATE IDENTIFICATION NUMBER -- Enter State Employer Identification number.

STATE SALES TAX -- Enter your State Board of Equalization Account Number (Seller's Permit).

FULL BUSINESS ACTIVITY DESCRIPTION -- Describe, in detail, your business activity in the City of El Segundo (i.e., Retail/Clothing, Manufacturing/Glassware, Bookkeeping Service for Law Office, etc.)

Section Two

OWNER, PARTNER, CORPORATE OFFICERS' NAMES -- List owner(s), officer(s) or partners. Include names, titles, home addresses, and home telephone numbers.

Section Three

EMERGENCY CONTACT -- Enter names, telephone numbers, and addresses of business persons to be contacted in an emergency situation.

Section Four

LANDLORD'S NAME, ADDRESS, CONTACT PERSON & TELEPHONE -- Complete if **leasing or renting commercial property** in the City of El Segundo.

ALARM SYSTEMS-- If yes, an **Alarm Permit** is required by the Police Department. Please call (310) 524-2200 for information.

VENDING MACHINES -- All types of vending/game machines must be licensed. List number and type of all vending/game machines on a separate sheet.

ENTERTAINMENT -- If your business will provide entertainment, an **Entertainment Permit** from the Planning Department is required.

DANCING -- Same as Entertainment.

ALCOHOL SERVED -- Same as Entertainment. Provide ABC Permit Number.

TOBACCO SALES – Requires El Segundo Police Department tobacco retail license. Provide the State of California permit number.

VEHICLE INFORMATION – List this information if licensing a **Catering, Rubbish or Delivery Vehicle**.

Section Five

SIGNATURE AND CERTIFICATION--. All applications must include an authorized signature.

THE BUSINESS APPLICANT HAS THE FOLLOWING RESPONSIBILITIES:

1. To notify the Business License Office when you make any business changes (i.e., new Officers, location change, increase employment, etc.), which negates this Application in any way.
2. To contact the Business License Office (310-524-2317) for Fees.
3. To ensure all necessary Clearances and/or Permits are obtained from the various City Departments. (i.e., Building, Engineering, Fire, Planning, Police, etc.).
4. To conform to all existing Zoning Ordinances set forth by the Planning Department before a Business License is issued.
5. Abide by the Regulations pertaining to **Handbill Distribution** and **Door-to-Door Solicitation**. Please contact the Business License Office (310-524-2317) for information.
6. **Massage Technicians**, contact the Business License Office (310-524-2317) for permit instructions.

***On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of $1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.**

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all 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.ccda.ca.gov