



City of El Segundo

Business License Division
 350 Main Street, El Segundo, CA 90245
 (310) 524-2317 Fax (310) 640-0489
 TaxInquiries@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
Business Address (cannot be PO Box or Postal Mail Box per California B&P Code Section 17538.5)			
Number & Street	Suite/Apt #	City	Zip
Mailing Address			
Name		Telephone	E-mail
Business License Contact			
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.		

Additional Information

Landlord Name	Contact Person
Landlord Address	Landlord Telephone

Does your Business Plan to install/operate an Alarm System? Yes No (Please contact the Police Department for permit requirements)
 Tobacco Sales? Yes No BOE license # _____ Alcohol Served? Yes No ABC License # _____
 Will there be Entertainment or Dancing? Yes No (both require an entertainment permit application, contact the Planning Department)
 Rubbish/Waste and Catering vehicles only: Vehicle Year & Make/Model _____ 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.
 I have consulted the Planning Department and verified the business activity stated on this application complies with zoning regulations.

Applicant's Signature	Title	Date	Print Applicant's Name
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Received/Notes:	Zoning Review	Business License (3301) \$ _____
		Penalties/Interest (3306) \$ _____
		State Mandated AB1379 fee* \$ 4.00
		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

APPLICANTS ARE ADVISED TO CONSULT WITH THE PLANNING DIVISION PRIOR TO SUBMITTING THIS COMPLETED APPLICATION.

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 LICENSE APPLICANT HAS THE FOLLOWING RESPONSIBILITIES:

1. Contact the Business Licensing for tax rates, see *Business Licensing* at elsegundo.org. Or, email a completed application to TaxInquiries@elsegundo.org for review and payment instructions.
2. 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.
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 October 11, 2017 Governor Brown signed into law AB-1379 which increased the state fee to \$4 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.cdda.ca.gov