



CITY OF HUNTINGTON PARK
 Finance Department | License Division
 6550 Miles Avenue, Huntington Park, CA 90255
 Tel: (323) 584-6280 | license@h pca.gov

BUSINESS LICENSE APPLICATION

Account No. _____

*The Huntington Park Municipal Code requires that all businesses operating in the City obtain a license.
 It is the responsibility of the applicant to maintain an active business license by renewing each year.*

Type of Application:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Change of Business Description
Type of License:	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Contractor	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Property Rental
Type of Ownership:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust

Business Information	Business Name / DBA	_____	
	Business Address	City, State, Zip _____	
	Mailing Address	City, State, Zip _____	
	Business Phone	Email _____	
	Federal ID No.	State Tax No. _____	
	State Class License No	Board of Equalization No. _____	
	License No.	Estimated Gross Receipts _____	
		Rubbish/ Trash Account Number _____	

Business Owner Information (Not Public Information)	Owner's Name/ Corporate Officer	Date of Birth	_____
	Owner's Address	City, State, Zip _____	
	Owner's Phone	Email _____	
	Driver's License No.	SSN _____	
	2 nd Owner's Name	Date of Birth	_____
	Owner's Address	City, State, Zip _____	
	Owner's Phone	Email _____	
	Driver's License No.	SSN _____	

Property Owner Information	Property Owner's Name	_____		
	Owner's Address	City		_____
	State	Zip Code		_____
	Owner's Phone	_____		

Supplemental	Will the business include any of the following?								
	Adult-oriented items or activities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cyber cafe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pawn brokering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Alcohol sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Dance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Precious metals purchase	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Assembly/ Counseling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Entertainment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Restaurant with seating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Auto title loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Firearm/weapons sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Short-term/payday loans	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Banquet facility	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Fortune telling	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tobacco sales	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Check cashing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gaming	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Second hand/thrift store	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Currency exchange	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical/Adult marijuana	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Vending machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Money transfer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Video machines	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Description
Business operation statement. Describe in detail the business operations.
Include products/services offered as well as any parts of the business that are secondary to the primary use.

Number of Employees: _____ Gross Floor Area: _____ Days/ Hours of Operation: _____

Tenant Improvement Proposed? Yes No Scope of Work: _____

Signage: Pursuant to H.P.M.C. Sec. 9-3.1205 a permit is generally required for signage (e.g., banner, wall sign). An application must be reviewed and approved prior to placement of signage on a building. Failure to comply is a violation and subject to citation. *I ACKNOWLEDGE (INITIAL)* _____

Sharing Tenant Space? Yes No If yes, identify business name and use: _____

Status of Tenant Space? Vacant Occupied Name of current business: _____

Primary Standard Industrial Classification (SIC) Code: _____

Is IGP Waste Discharge ID (WDID) Number applicable? No Yes (provide number): _____

Affidavit
I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued.

**I ACKNOWLEDGE THAT THE BUSINESS IS SUBJECT TO ROUTINE INSPECTION TO VERIFY COMPLIANCE TO
SUBMITTED FLOOR PLAN AND APPROVED USE.**
OPERATING OUT OF COMPLIANCE WILL RESULT IN BUSINESS LICENSE REVOCATION

Signature _____ Date _____
Printed Name and Title _____

PLANNING DIVISION (OFFICE USE ONLY)

General Plan: _____ Zone: _____

Previous Use/Business: _____

Approved Use/Business: _____

Restrictions: _____

Notes: _____

Permitted Permitted with Entitlement (CUP#/DP# _____) Pending Denied

Planning Approval: _____ Date: _____

BUILDING DIVISION/ FIRE DEPARTMENT (OFFICE USE ONLY)

Building Approval:	Date:	Fire Approval:	Date:
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FINANCE DEPARTMENT (OFFICE USE ONLY)

Business License Fee: \$	Zoning Review Fee: \$	Inspection Fee: \$	Application Fee: \$	TOTAL: \$
SB 1186 Fee: \$	Change of Location Fee: \$	Misc. Fee: \$	Penalty Fee: \$	