

**CITY OF HUNTINGTON PARK**

Finance Department | License Division
6550 Miles Avenue, Huntington Park, CA 90255
Tel: (323) 584-6280 | license@hpca.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:☐ Change of Address☐ New Business☐ Change of Business Name☐ Change of Ownership☐ Change of Business Description**Type of License:**☐ Contractor☐ Commercial/Industrial☐ Home Occupation☐ Non-Profit Organization☐ Property Rental**Type of Ownership:**☐ LLC☐ Sole☐ Corporation☐ Partnership☐ 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 _____

2nd 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	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cyber cafe	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pawn brokering	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alcohol sales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Precious metals purchase	Yes <input type="checkbox"/> No <input type="checkbox"/>
Assembly/ Counseling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Entertainment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Restaurant with seating	Yes <input type="checkbox"/> No <input type="checkbox"/>
Auto title loans	Yes <input type="checkbox"/> No <input type="checkbox"/>	Firearm/weapons sales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Short-term/payday loans	Yes <input type="checkbox"/> No <input type="checkbox"/>
Banquet facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fortune telling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco sales	Yes <input type="checkbox"/> No <input type="checkbox"/>
Check cashing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gaming	Yes <input type="checkbox"/> No <input type="checkbox"/>	Second hand/thrift store	Yes <input type="checkbox"/> No <input type="checkbox"/>
Currency exchange	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical/Adult marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vending machines	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Money transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Video machines	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If yes, identify business name and use: _____
Status of Tenant Space? Vacant <input type="checkbox"/> Occupied <input type="checkbox"/> Name of current business: _____	
Primary Standard Industrial Classification (SIC) Code: _____	
Is IGP Waste Discharge ID (WDID) Number applicable? No <input type="checkbox"/> Yes <input type="checkbox"/> (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.
	<u>I ACKNOWLEDGE THAT THE BUSINESS IS SUBJECT TO ROUTINE INSPECTION TO VERIFY COMPLIANCE TO SUBMITTED FLOOR PLAN AND APPROVED USE.</u> <u>OPERATING OUT OF COMPLIANCE WILL RESULT IN BUSINESS LICENSE REVOCATION</u>
	Signature _____ Date _____ Printed Name and Title _____

PLANNING DIVISION (OFFICE USE ONLY)				
General Plan: _____		Zone: _____		
Previous Use/Business: _____				
Approved Use/Business: _____				
Restrictions: _____				
Notes: _____				
<input type="checkbox"/> Permitted <input type="checkbox"/> Permitted with Entitlement (CUP#/DP# _____) <input type="checkbox"/> Pending <input type="checkbox"/> Denied				
Planning Approval: _____		Date: _____		
BUILDING DIVISION/ FIRE DEPARTMENT (OFFICE USE ONLY)				
Building Approval: _____		Date: _____		Fire Approval: _____
				Date: _____
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: \$	