



CITY OF HUNTINGTON PARK

Finance Department | License Division
6550 Miles Avenue, Huntington Park, CA 90255
Tel: (323) 584-6232 | 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:	<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 _____
	<i>(if different than business address)</i>	
	Business Phone _____	Email _____
	Federal ID No. _____	State Tax No. _____
	State Class License No _____	Board of Equalization No. _____
Estimated Gross Receipts _____		

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

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

Business Description	<u>Business operation statement.</u> Include products/services offered or produce as well as any parts of the business that are incidental to the primary use. _____	
	Number of Employees _____	Gross Floor Area _____
	Hours of Operation _____	Tenant Improvement <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sharing Tenant Space <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, business name _____
	Status of Business <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied	Current Business _____



Supplemental	Will the business include any of the following? (Check all that apply)							
	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"/>		
	Counseling/assembly	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"/>		

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.	
	Signature _____	Date _____
	Printed Name and Title _____	

If processing by mail please include the following:

- ✓ Completed Application Form
- ✓ All applicable schedules
- ✓ Check payable to City of Huntington Park
- ✓ Mail to the attention of:
City of Huntington Park – Business License Division
6550 Miles Avenue,
Huntington Park, CA 90255

<i>PLANNING (OFFICE USE ONLY)</i>		
General Plan: _____	Zone: _____	SIC Code: _____
Previous Use/Business: _____		
Note: _____		
<input type="checkbox"/> Permitted <input type="checkbox"/> Permitted with Entitlement (CUP/DP# _____) <input type="checkbox"/> Pending <input type="checkbox"/> Denied		
Planning Approval: _____		Date: _____

<i>BUILDING / FIRE (OFFICE USE ONLY)</i>			
Building Approval: _____	Date: _____	Fire Approval: _____	Date: _____

<i>FINANCE (OFFICE USE ONLY)</i>						
Business License Fee: \$ _____	Occupancy Fee: \$ _____	Misc. Fee: \$ _____	Application Fee: \$ _____	Change of Location Fee: \$ _____	Penalty Fee: \$ _____	Total: \$ _____