



**CITY OF HERMOSA BEACH**  
**Community Development Department**  
1315 Valley Drive, Hermosa Beach, California 90254  
Phone: (310) 318- 0242

<p><b><u>Please Check One</u></b></p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Change of Address</p> <p><input type="checkbox"/> Change of Ownership</p>
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If business is a home occupation and located in a residential zone, please complete **application for Home Occupation.**

**Application for Commercial Business**

**Address of Business:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Business Owner's Phone:** \_\_\_\_\_

**Business Owner's Email:** \_\_\_\_\_

**Describe Business Activity in DETAIL** (items sold, services provided):

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**Please indicate business type:**

Retail  Office  Service  Restaurant  Wholesale  Medical  Other: \_\_\_\_\_

**Please complete the following questions:**

- Are you sharing this location with another business?  Y  N
- Will you be altering, adding to, remodeling, modifying or replacing any of the following?

Y  N Building? (Interior or exterior alterations)

**If yes, please describe:**

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Y  N Electrical? (Outlets, electrical service, etc.)

**If yes, please describe:**

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Y  N Plumbing? (Sinks, kitchen, drains, water heater, bathroom, irrigation, etc.)

**If yes, please describe:**

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Y N Mechanical? (Heating, air conditioning, ventilation, fans, ducting, etc.)

**If yes, please describe:**

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3. Do you plan to have any signs, install any new signs or change any existing signs on the building or property? (Failure to obtain a sign permit before installing will result in a citation.) Y N

4. Do you plan to have any temporary banners or advertising? Y N

5. Will trash/recycling/solid waste facilities be installed/alterd? Y N

6. Do you have fire protection equipment for your building? Y N Not Sure

**If yes, please check appropriate boxes:**

- Sprinkler System                       Hood System
- Fire Extinguishers                       Alarm Systems
- Others \_\_\_\_\_

7. Do you use, store on site or have any of the following materials as part of your business?

Y N

If yes, check appropriate boxes:

- Flammables    Corrosives                       Pesticides
- Herbicides     Fertilizers
- Compressed Gas Cylinders                       Explosive
- Radioactive Material

8. Will you serve or sell or allow:

- Food?                      Y N    If Yes: Breakfast   Lunch                      Dinner
- Alcohol?                      Y N    If Yes: Beer                                      Wine Liquor

9. Do you have or are you proposing to obtain:

- Alcoholic Beverage License (If yes, please provide a copy of ABC License)
- Cigarette and Tobacco Products Retailer's License
- None of the above

10. Does your business include any of the following?

- Y N Autobody Work/Welding   Y N Open after 10 P.M.
- Y N Massage                                      Y N Dancing/Live Entertainment
- Y N Tobacco    Y N Tattoo/Tattoo Removal
- Y N Classes or groups                      Y N Adult Business (i.e. X-rated materials)

11. Will there be 50 or more people on site at any time including employees, customers and others?  
Y N

12. Will you be offering delivery services:

Y N

**If yes, where are the materials/products/vehicle(s) stored?**

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13. Will products/materials be assembled/produced at the business location?  Y  N

14. Will Products be delivered on site?  Y  N

If yes, how often and by what type of vehicle:

\_\_\_\_\_  
\_\_\_\_\_

15. Do you know the prior use or type of business that was in the location you wish to occupy?

Y  N

If yes, list type of business and/or business name:

\_\_\_\_\_

16. Please read the following and initial.

**8.68.020 Plastic single-use carryout bags prohibited.**

No affected retail establishment shall provide plastic single-use carryout bags to customers for the purpose of carrying away goods from the point of sale. Nothing in this chapter prohibits customers from using bags of any type that they bring to the store themselves or from carrying away goods that are not placed in a bag, in lieu of using bags provided by the store. (Ord. 15-1356 §2 (part), 2015)

**8.64.030 Food packaging prohibitions.**

A. No Food Provider shall distribute or sell Prepared Food in any Polystyrene Food Service Ware at any location within the City of Hermosa Beach. Food Providers that distribute Prepared Food in Disposable Food Service Ware shall (1) distribute only Disposables that exhibit a Recycle Code other than No. 6 or PS, or (2) maintain documentation onsite of the composition of the Disposable Food Service Ware. Documentation may include information from the supplier, manufacturer, or bulk packaging for the Disposables, and any other relevant information demonstrating that the disposable material is not polystyrene.

B. No Person shall distribute or sell Prepared Food in any Polystyrene Food Service Ware at City Facilities that have been rented, leased or are otherwise being used with permission of the City. This Subsection is limited to use of City facilities for which a Person has entered into an agreement with the City to rent, lease or otherwise occupy a City facility. All facility rental agreements for any City facility shall include a provision requiring contracting parties to assume responsibility for preventing the utilization and/or distribution of Polystyrene Food Service Ware while using City facilities. The facility rental agreement shall indicate that the violating contractor’s security deposit will be forfeited if the City Manager or his/her designee determines that Polystyrene Food Service Ware was used in violation of the rental agreement.

C. No Person shall use or distribute Polystyrene Food Service Ware at City-sponsored events, City-managed concessions and City meetings open to the public. This subsection shall apply to the function organizers, agents of the organizers, City Contractors, Food Providers and any other Person that enters into an agreement with one or more of the function sponsors to sell or distribute Prepared Food or otherwise provide a service related to the function.

D. The City of Hermosa Beach, its Departments, and its City Contractors, agents, and employees acting in their official capacity, shall not purchase or acquire Polystyrene Food Service Ware, or distribute it for public use.

**Initial:** \_\_\_\_\_

**Owner’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

**PLANNING DEPARTMENT:**

**Zone:** C-1 C-2 C-3 M-1 SPA \_\_\_\_\_

**Permitted Use?:** Approved Denied

Prior Entitlement at this location:  Yes  No

If yes, planning log # or Resolution #: \_\_\_\_\_

Special Condition(s)/Notes, if applicable:  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING & SAFETY DEPARTMENT:**

Permits Required:  Yes  No

If yes, what permits are required?  Building  Plumbing  Electrical  Mechanical

Additional info/notes: \_\_\_\_\_  
\_\_\_\_\_

Inspection Required:  Yes  No

If yes, are permit(s) final?  Yes  No

Additional info/notes: \_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCE CASHIER DEPARTMENT**

Business License Number: \_\_\_\_\_

Issued Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Fire Inspection Date: \_\_\_\_\_ Fire Inspector Initial: \_\_\_\_\_

Fire Inspection:  Passed  Failed

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF HERMOSA BEACH

1315 Valley Drive • Hermosa Beach, California 90254  
Attn: Business License • (310) 318-0206 • FAX (310) 937-5959

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION

## BUSINESS LICENSE APPLICATION

• OFFICIAL USE ONLY •

Business Name \_\_\_\_\_

Corporate Name \_\_\_\_\_

(If Different)

Business Location \_\_\_\_\_

(Not P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership:  Corporation  Partnership  Trust  
 Sole Proprietor  Ltd Liability Corp.

Tax I. D. No. or Social Security No. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIC CODE \_\_\_\_\_

RATE TYPE \_\_\_\_\_

REGISTER DATE \_\_\_\_\_

CHECK# \_\_\_\_\_  CASH  
 CREDIT CARD

Start Date	Description of Business

Bus. Fax ( ) \_\_\_\_\_ Email Address \_\_\_\_\_ Website \_\_\_\_\_

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Resale No. \_\_\_\_\_

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alarm System (if applicable)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

PLEASE FILL IN THE APPROPRIATE BOXES  
BELOW AND SIGN ON REVERSE SIDE

FOR CITY USE ONLY

Gross Receipts \$ \_\_\_\_\_

Number of Employees Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Total Number of Units \_\_\_\_\_

Owner Exempt Unit  Yes  No

Number of Days Open after 12 AM \_\_\_\_\_

Circle the Days Open after 12 AM  
Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Number of Vending Machines \_\_\_\_\_

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California 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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

Base Tax	\$
Gross Receipt Tax	\$
(Credit)	\$
Vehicle/Unit Tax	\$
Vending Machine Tax	\$
Employee Tax	\$
Surcharge	\$
State CASp Fee	\$ 4.00
Grease Trap Fee	\$
Application Fee	\$

TOTAL AMOUNT DUE \$ \_\_\_\_\_

*Thank you for doing business in the City of Hermosa Beach*

PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH

**PLEASE READ AND SIGN THE APPLICABLE AREAS LISTED BELOW**

I UNDERSTAND THAT THE ISSUANCE OF THIS BUSINESS LICENSE IS SOLELY FOR REVENUE PURPOSES AND IS NOT INTENDED FOR REGULATION. THE INFORMATION CONTAINED IN THE APPLICATION, OTHER THAN GROSS RECEIPT INFORMATION, IS NOT CONSIDERED CONFIDENTIAL. THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE REQUIREMENTS OF THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE SEC. 6250 ET SEQ.) MAY REQUIRE DISCLOSURE UPON RECEIPT OF A PROPER REQUEST.

Signature \_\_\_\_\_ Date \_\_\_\_\_

ANY BUSINESS CLASSIFIED AS A HOME OCCUPATION SHALL BE ISSUED AN EXCERPT FROM ORDINANCE #86-865, WHICH SETS FORTH THE RULES AND REGULATIONS THAT GOVERN HOME OCCUPATION

I HAVE READ SAID RULES AND REGULATIONS AND AGREE TO ABIDE BY SAME:

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fire Department Use Only**

Approved  Denied Date \_\_\_\_\_ Inspector \_\_\_\_\_

**Reinspection:**

Approved  Denied Date \_\_\_\_\_ Inspector \_\_\_\_\_

**FINANCE USE ONLY**

EFFECTIVE FROM	EFFECTIVE TO	AMOUNT PAID	REGISTER DATE

EFFECTIVE FROM	EFFECTIVE TO	AMOUNT PAID	REGISTER DATE

Name \_\_\_\_\_ License No. \_\_\_\_\_

