



# CITY OF HUNTINGTON BEACH

## FINANCE DEPARTMENT – BUSINESS LICENSE

P. O. Box 190 - 2000 Main Street, Huntington Beach, CA 92648-2702  
 Phone (714) 536-5267 – Email [businesslicense@surfcity-hb.org](mailto:businesslicense@surfcity-hb.org) – [www.huntingtonbeachca.gov](http://www.huntingtonbeachca.gov)

### APPLICATION FOR TEMPORARY BUSINESS LICENSE FOR SPECIAL OR SPECIFIC EVENTS

<b>PLEASE COMPLETE ALL APPLICABLE SECTIONS: Applications must be typed, or legibly hand printed in blue or black ink</b>			
Name of Event			
Please check all that apply: <input type="checkbox"/> Event Organizer <input type="checkbox"/> Single Vendor <input type="checkbox"/> Non-Profit Org. <input type="checkbox"/> Blanket License <input type="checkbox"/> July 4th <input type="checkbox"/> Film Crew			
Business Name			
Contact Person	Title	Phone	
Business Address			
Mailing Address; City, State, Zip			
E-mail Address	Web Site	Business Phone	
<b>Type of Business (check one):</b>			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Federal Tax ID #	OR	Social Security #	
Date(s) of Event			
Location of Event			
<b>Purpose of Event (include Description of Activity at Event)</b>			
# Booths / Vendors you will have at event: (Organizer to provide list of booths/vendors)	# Businesses providing a service at the event: (Organizer to provide list of service providers)	Approx. number of staff at event:	
Sellers Permit (Resale #)	Health Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Liquor License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Non-Profit or Charitable Organization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Must provide copy of 501(c)(3) letter issued by IRS	
Name of Corporation (if different)			
I am aware of the provisions of Section 3700 of the California Labor Code, which requires every employer to be insured against liability for Workers Compensation. (Please check appropriate box)			
<input type="checkbox"/> Certificate of Workers Compensation Insurance <input type="checkbox"/> Certificate of Self-Insurance of Workers Compensation <input type="checkbox"/> I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California. Note: If after signing the certificate, you hire any employee, you become subject to the workers' compensation provisions of the California Labor Code and you must immediately comply with the provisions of Section 3700 or your license immediately becomes revoked.			
I hereby declare under penalty of perjury that the information and statements on this application are true and correct.			
Signature: _____		Title: _____	
Printed Name: _____		Date: _____	
<b>OFFICE USE ONLY:</b>			
<b>Business License # :</b>		<b>Amount Due:</b>	