



CITY OF LOS ALAMITOS

Business Support Center

8839 N Cedar Ave #212, Fresno, CA 93720

Phone: (562) 222-8742 Fax: (909) 348-0465

Email: Support@HdLGov.com

To Apply Online Please Visit:

www.LosAlamitosBusinessTax.com

BUSINESS LICENSE TAX APPLICATION - COMMERCIAL LOCATION

Notice: All applicants should check with the Planning Dept. to ensure correct zoning for their use prior to commencing any business. This application has been filled out by the applicant without verification that the licensee is subject to or exempt from licensing by the State of California.

Reason for Application: New Business Change of Ownership Change of Location

Business Name _____

Business Location _____

(Cannot be P.O. Box for non-exempt businesses per State of California, Business and Professions Code-Section 17538.5)

Mailing Address _____

Business Phone () _____ Business Fax () _____

Emergency Contact _____ Phone () _____

Ownership: Corporation Corp-Ltd Liability Sole Proprietor Partnership Trust Non-Profit

Owner's Name _____ Title _____

Resident Address _____ City, State, Zip _____

Social Security No. _____ Driver's License No. _____ State _____

List of Principle Officers' or Partners' Names and Addresses:

_____ Title _____

_____ Title _____

Description of Business (be specific) _____

Business Start Date in Los Alamitos _____

State License No. _____ License Type _____ Exp. Date _____

AB-1379 Information

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 and Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

Employee / Unit Counts

Please complete information requested below:

No. Of Full Time: Professional _____ Non-Professional _____

No. Of Part Time: Professional _____ Non-Professional _____

(Part Time is for those employees that work 20 hours or less per week)

No. Apt. Units: _____

This license period applies to Fiscal Tax Period: From _____ To _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL REQUIRED LICENSES ARE FULL FORCE AND EFFECT.

_____ Date

_____ Signature of Owner or Representative



CITY OF LOS ALAMITOS ZONING PERMIT/CERTIFICATE APPLICATION

Development Services Department
3191 Katella Ave., Los Alamitos, CA 90720-5600
Phone: (562) 431-3538 Fax: (562) 493-0678

\$320.00 Zoning Permit Fee

**TO BE COMPLETED
PRIOR TO
BUSINESS LICENSE
APPLICATION**

*In accordance with LAMC 17.58.010, a zoning permit is used by the staff to verify that a proposed structure or land use activity complies with the list of allowed activities allowed in the applicable zoning district, the development standards applicable to each type of use, and any conditions of approval of permits previously issued for the subject site. **APPROVAL DOES NOT ESTABLISH A BUSINESS LICENSE.***

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Email: _____

BUSINESS INFORMATION

Business Name: _____

DBA (if applicable): _____

Business Address: _____ Lease area (sq. ft.): _____

Previous Business at this location: _____

Hours of Operation: Mon.-Thurs.: _____ Friday: _____ Saturday: _____ Sunday: _____

Describe products/services provided in detail: _____

You can view the Los Alamitos Municipal Code by visiting City Hall or online at www.cityoflosalamitos.org

- Yes No Does your business require a State and/or County License? If yes, what type?: _____
- Yes No Has the property owner authorized this business?
- Yes No Do you intend to increase or reduce the square feet? *If yes, will require a building permit.*
- Yes No Do you intend to modify the floor plan? *If yes, will require a building permit.*
- Yes No Do you plan to install a new sign? *If yes, will require a sign permit.*
- Yes No Does the business have on-site parking? How many spaces are assigned to you? _____
- Yes No Will you sell alcoholic beverages? If yes, list ABC license type: _____
- Yes No Do you plan to sell second-hand, consignment, and/or pawn items? *If yes, will require a Second-Hand Dealer's/Pawnbrokers permit and a Conditional Use Permit.*
- Yes No Does the business involve the sale or use of marijuana?
- Yes No Does the business involve body adornment, tattoo, massage, acupressure, or any related fields? *(Circle One)*
- Yes No Will there be live entertainment or music? If yes, please describe: _____
- Yes No Is the proposed business a restaurant? If yes, how many seats? _____
- Yes No Will the business include a drive-thru?
- Yes No Is the proposed business a school? If yes, how many students? _____
- Yes No Is this a home based business?

******* A site plan, sign permit form, and DBA are required to be submitted with this application*******

CERTIFICATION OF APPLICANT: Under penalties of perjury, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested license or revocation of issued license.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

PD NOTIFIED OF ALCOHOL Yes N/A

DATE RECEIVED: _____

NON-CONFORMING USE Yes No

DENIED APPROVED

COMMENTS: _____

Planner's Signature: _____ Date: _____