



# BUSINESS LICENSE APPLICATION

City of Oceanside  
Financial Services Department

**PLEASE INDICATE:**

- ☐ New Business
- ☐ Additional Location
- ☐ Change of Owners
- ☐ Change of Address
- ☐ Change of Business Name
- ☐ Add/Change Business Description
- ☐ Home Occupation
- ☐ No Longer in Business

Please make checks payable to City of Oceanside  
**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**BUSINESS INFORMATION****License No.**

MAILING ADDRESS:

BUSINESS LOCATION:

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

Business Address: \_\_\_\_\_

In care of: \_\_\_\_\_

Mail Address: \_\_\_\_\_

NUMBER STREET SUITE NO.

Bus. Phone: \_\_\_\_\_

CITY STATE ZIP

Corp. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

City Start Date \_\_\_\_\_ State ID \_\_\_\_\_

Health Permit \_\_\_\_\_ ☐ Sole Prop

Hrs. of Operation \_\_\_\_\_ Fed ID \_\_\_\_\_

ABC License # \_\_\_\_\_ ☐ Partnership

# Of Employees \_\_\_\_\_ Seller's Permit \_\_\_\_\_

Contractor #/Class \_\_\_\_\_ ☐ Corporation☐ LLC

Property Owner/Management Co: \_\_\_\_\_

Address of Owner/Management Co: \_\_\_\_\_

Phone Number of Owner/Management Co: \_\_\_\_\_

Business activity must be described in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OWNERSHIP INFORMATION**

Owner/Pres: \_\_\_\_\_

Owner/Pres: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

NUMBER STREET SUITE NO.

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CITY STATE ZIP

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Home Phone: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ SSN: \_\_\_\_\_

Birth Date: \_\_\_\_\_ DL# \_\_\_\_\_

Birth Date: \_\_\_\_\_ DL# \_\_\_\_\_

Issuing State \_\_\_\_\_

Issuing State \_\_\_\_\_

**Fees and Charges: Administrative Fees** \_\_\_\_\_**DECLARATIONS**

I certify that in the performance of any business activities for which this license is issued, I shall not employ a person in any manner so to become subject to the Worker's Compensation laws of California. If I should become subject to the Worker's Compensation laws I shall forthwith comply with the provision of section 3700 of the labor code. I further declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

TITLE

SIGNATURE

DATE