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 Name: _____

In care of: _____

Mail Address: _____
NUMBER STREET SUITE NO.

_____
CITY STATE ZIP

BUSINESS LOCATION:

Business Address: _____
NUMBER STREET SUITE NO.

_____
CITY STATE ZIP

Bus. Phone: _____

Corp. Name: _____ Phone#: _____

City Start Date _____ State ID _____ Health Permit _____

Hrs. of Operation _____ Fed ID _____ ABC License # _____

Of Employees _____ Seller's Permit _____ Contractor #/Class _____

- ☐ Sole Prop
- ☐ Partnership
- ☐ 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: _____
Home Address: _____
NUMBER STREET SUITE NO.

_____
CITY STATE ZIP

Home Phone: (___) _____ SSN: _____
Birth Date: _____ DL# _____
Issuing State _____

Owner/Pres: _____
Home Address: _____
NUMBER STREET SUITE NO.

_____
CITY STATE ZIP

Home Phone: (___) _____ SSN: _____
Birth Date: _____ DL# _____
Issuing State _____

Bid Amount: _____ **Fees:** _____ **Email:** _____

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

300 N. Coast Highway, Oceanside, CA 92054 (760) 435-3878 Fax (760) 433-6893
www.ci.oceanside.ca.us