



BUSINESS LICENSE APPLICATION

City of Oceanside
Financial Services Department

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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: _____

(NO PO BOX)

NUMBER STREET SUITE NO.

In care of: _____

CITY STATE ZIP

Mail Address: _____

Bus. Phone: _____

NUMBER STREET SUITE NO.

Corp. Name: _____ Phone#: _____

CITY STATE ZIP

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.

NUMBER STREET SUITE NO.

CITY STATE ZIP

CITY STATE ZIP

Email: _____

Email: _____

Home/Cell Phone: (____) _____

Home/Cell Phone: (____) _____

SSN: _____ Birth Date: _____

SSN: _____ Birth Date: _____

DL# _____ Issuing State _____

DL# _____ Issuing State _____

Bid Amount: _____ 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