



# 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

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: \_\_\_\_\_

SIZE OF FACILITY (sq. ft.) \_\_\_\_\_

## 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

License No. BL- 

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**On October 11, 2017, Governor Brown signed AB-1379. This bill raised the SB-1186 fee to \$4.00 for six years, effective January 1, 2018. The fee returns to \$1.00 after the six year period.**

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

**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 Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)