

**MANAGER
BUSINESS LICENSE APPLICATION**

Department of Public Works
8300 Santa Monica Boulevard
West Hollywood, CA 90069
(323) 848-6375

Pursuant to WHMC 5.08.010, a licensed Manager is required to be on-site for the following licensed business types:

- Adult Bookstore
- Coin-Operated Games and Game Arcades
- Dance and Entertainment Venues
- Escort Services and Introductory Businesses
- Extended Hours Businesses
- Gun Dealers
- Massage Parlors
- Medical Marijuana Collectives
- Model Studios
- Picture Arcades
- Public Eating with Alcohol Businesses *(if the named license holder is not on-site)*

SUBMIT THE FOLLOWING ITEMS. Failure to submit the required information will constitute an incomplete application and will not be accepted by the Department of Public Works.

Application Checklist

- Completed Business License Application
- Sheriff's Personal Information Sheet
- Live Scan Fingerprint Form
- (2) Passport Photos
- Valid California ID or Driver's License **ONLY**
- Application Fee - \$300

Office Use Only

Date Received _____	Received By _____	Payment Method	Cash <input type="radio"/>
Notes _____ _____ _____			Check <input type="radio"/>
			Credit Card <input type="radio"/>

BUSINESS LICENSE APPLICATION

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1. Applicant Information

Applicant Name:	<input type="text"/>		
Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Social Security Number:	<input type="text"/>
E-mail:	<input type="text"/>	Relation to Business:	<input type="text"/>

2. Business Information

Please list the business name and true address and mailing address (if different). The business address may not be a P.O. Box, mailbox, message service or similar device.

Business Name:	<input type="text"/>				
Business Address:	<input type="text"/>				
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>	Business E-mail:	<input type="text"/>
Mailing Address (if different):	<input type="text"/>				
Please describe the business activity:	<input type="text"/>				
Operating Hours:	<input type="text"/>				

3. Ownership Information

What is the Ownership Type for your Business? Sole Ownership Partnership Corporation

Please complete the following information for all partners, directors of a corporation and stockholders holding ten (10%) or more of the shares of the corporation. Also list information regarding an officer who is duly authorized to accept service of legal process.

Name/ Title:	<input type="text"/>	Name/ Title:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Phone Number	<input type="text"/>	SS#	<input type="text"/>
Phone Number	<input type="text"/>	SS#	<input type="text"/>
Name/ Title:	<input type="text"/>	Name/ Title:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
Phone Number	<input type="text"/>	SS#	<input type="text"/>
Phone Number	<input type="text"/>	SS#	<input type="text"/>

Federal Tax I.D.#:

State Tax I.D.#:

Previous License and Criminal Information:

Have you or any of the other officers of the partnership or corporation been licensed before? Yes No

Have you or any of the officers of the partnership or corporation ever had a business license revoked? Yes No

Have you or any of the officers of the partnership or corporation ever been convicted of a criminal offense, other than a traffic violation? Yes No

If you answer "yes" to any of the above questions please explain:

4. Emergency Contact Information

Please provide the following information of two individuals who may be contacted by the City in the case of an emergency.

Name: Title or Relationship to Business:

Address: Phone Number:
E-mail:

Name: Title or Relationship to Business:

Address: Phone Number:
E-mail:

**** ALL APPLICANTS MUST PROVIDE A COPY OF A CURRENT CALIFORNIA DRIVERS LICENSE OR COMPARABLE PHOTOGRAPH IDENTIFICATION.****

If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules and regulations of the City of west Hollywood. I declare under penalty of perjury that the above statements are true and correct.

In addition, I agree to advise the City of West Hollywood of any and all changes in the operations of the business in that such changes of the application form are necessitated.

The failure to truthfully complete this application may result in the denial of the application or a revocation of any licenses issued.

Applicant Signature

Date

Applicant Name

**Personal Information Form
Los Angeles County Sheriff's Dept.
(City of West Hollywood)**

BUSINESS INFORMATION

Business Name

Business Address

Business Phone

Business Fax

APPLICANT INFORMATION

Applicant's Full Name (First, Middle, Last)

Other Names Used (aka, Maiden etc)

Home Address

Home Phone

Cell Phone

E-mail Address

Applicant's Business Capacity or Position

CA Drivers License/ ID #

Social Security #

Date of Birth

Place of Birth

Personal Information Form - continued

BACKGROUND

HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR KIND OF BUSINESS? Yes No

If yes, please explain fully:

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF ANY ARREST, CITATION, OR CRIMINAL COMPLAINT? **(Include and convictions expunged via Penal Code Section 1203.4; Do not include traffic infractions).** Yes No

If yes, please provide dates, arresting agencies, type of crime, and sentence. Attach additional sheets if necessary.

DO YOU HAVE ANY ARRESTS OR CITATIONS PRESENTLY PENDING DISPOSITION **(Including felonies, misdemeanors, infractions, and violations of any County or Municipal Code)** Yes No

If yes, please provide dates, arresting agencies, and type of crime. Attach additional sheets if necessary.

I UNDER PENALTY OF PERJURY HAVE ANSWERED ALL OF THESE QUESTIONS COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION OR MISREPRESENTATIONS OF ANY FACTS MAY RESULT IN THE DENIAL OF THIS APPLICATION OR REVOCATION OF ANY ISSUED LICENSE.

Signature

Date

Print Name

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CA0190094 _____ LICENSE CERTIFICATION PERMIT _____
ORI (Code assigned by DOJ) _____ Authorized Applicant Type _____

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned) _____

Contributing Agency Information:
LASD/MAJOR CRIMES BUREAU/LICENSING DETAIL _____ 07253 _____
Agency Authorized to Receive Criminal Record Information _____ Mail Code (five-digit code assigned by DOJ)
115815 SOUTH COLIMA ROAD, ROOM C-111 _____ RICHARD LUSKLEET _____
Street Address or P.O. Box _____ Contact Name (mandatory for all school submissions)
WHITTIER _____ CA 90604 _____ (562) 946-7939 _____
City _____ State ZIP Code _____ Contact Telephone Number _____

Applicant Information:

Last Name _____ First Name _____ Middle Initial _____ Suffix _____
Other Name _____
(AKA or Alias) Last _____ First _____ Suffix _____
Date of Birth _____ Sex Male Female _____ Driver's License Number _____
Height _____ Weight _____ Eye Color _____ Hair Color _____ Billing Number _____
Place of Birth (State or Country) _____ Social Security Number _____ Misc. Number _____
Home Address _____ City _____ State _____ ZIP Code _____
Street Address or P.O. Box _____ (Agency Billing Number)
_____ (Other Identification Number)

Your Number: _____ Level of Service: DOJ FBI
OCA Number (Agency Identifying Number)

If re-submission, list original ATI number: _____
(Must provide proof of rejection) Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Employer Name _____ Mail Code (five digit code assigned by DOJ) _____
Street Address or P.O. Box _____
City _____ State _____ ZIP Code _____ Telephone Number (optional) _____

Live Scan Transaction Completed By:

Name of Operator _____ Date _____
Transmitting Agency _____ LSID _____ ATI Number _____ Amount Collected/Billed _____