

**PEDDLER (MERCANDISE)  
BUSINESS LICENSE APPLICATION**

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

**Peddle and peddling shall mean:** (a) hawking or selling any good, wares or merchandise, including liquids or edibles for human consumption, by traveling or going by any means of locomotion whatsoever from place to place, from house to house or business to business, or (b) hawking or selling any goods, wares or merchandise, including liquids or edibles for human consumption, from or on the street, on any public property or on any private property without the permission of the owner or other person in possession and control of the property, or (c) delivery to peddlers of goods, wares and merchandise, including liquids or edibles for human consumption, knowing they are to be used for the purpose of engaging in the activities described in (a) and (b) above.

**Selling** shall mean conveying for consideration any goods, wares or merchandise, where the acts of solicitation, taking an order and delivering merchandise occur as part of the same transaction, whether or not all three elements occur in the exact same place.

**Street** shall mean and include a street, sidewalk, parkway, median or any other portion of the public right-of-way.

**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
- Signed Operating Requirements (5.92.050)
- Agency Sign-Offs
- Live Scan Fingerprint Form
- (2) Passport Photos
- Valid California ID or Drivers License (**ONLY**)
- Application Fee - \$300.00

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

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

## 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"/>
SS#	<input type="text"/>	Phone Number	<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"/>
SS#	<input type="text"/>	Phone Number	<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

# Agency Approvals

Each of the following agencies must be contacted by the applicant in order to obtain their approvals and signatures as noted below. **The license will not be approved until all signatures are received.**

\*\*\*\*NOTE\*\*\*\*

**ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED**

**Los Angeles County  
Fire Prevention**  
864 No. San Vicente Blvd.  
West Hollywood, CA 90069  
Hours: 8:00 AM - 10:00 AM Only  
(310) 358-2380

**\*\*Only if goods/wares are to be sold out of a motorized vehicle\*\***

\_\_\_\_\_  
License Plate # of Vehicle Inspected Exp. Date

\_\_\_\_\_  
VIN #

\_\_\_\_\_  
Approved by (Print) Date

\_\_\_\_\_  
Signature

**COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:** \_\_\_\_\_

**Finance (Tax Certificate)**  
City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Cashier  
Hours: 8:00 AM - 4:00 PM Daily  
(323) 848-6451

\_\_\_\_\_  
Approved by (Print) Date

\_\_\_\_\_  
Signature

**COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:** \_\_\_\_\_

\*\*\*\*\*LAST SIGN-OFF\*\*\*\*\*

**Business License Officer**  
City of West Hollywood  
8300 Santa Monica Blvd.  
West Hollywood, CA 90069  
Contact: Business Licensing  
(323) 848-6437  
Dept. of Public Works (323) 848-6375  
Fax (323) 848-6564

\_\_\_\_\_  
Approved by (Print) Date

\_\_\_\_\_  
Signature

\*\*\*\*\*LAST SIGN-OFF\*\*\*\*\*

**COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:** \_\_\_\_\_

**PEDDLER BUSINESS LICENSE  
STANDARDS OPERATING REQUIREMENTS**

**5.92.050 -Peddlers and Commercial Solicitors - Operating Requirements.**

1. *Generally.*

- (a) No person shall peddle or solicit for commercial purposes in any area of the city which is zoned for residential use under this code, from 8:00 p.m. until 9:00 a.m. of the following day.
- (b) No person shall peddle or solicit for commercial purposes at any dwelling, including but not limited to a house, apartment, or condominium where there is a sign indicating "No Solicitations," "Do Not Disturb," or otherwise indicating that the occupants do not wish to be solicited or in any other way have their privacy disturbed.
- (c) No peddler or commercial solicitor shall touch, come into physical contact with, or affix any object to another person or any member of the public, without first receiving express permission therefor from such member of the public.
- (d) No peddler or commercial solicitor shall persistently and importunately solicit any member of the public after such member of the public expresses his or her desire not to be solicited.
- (e) No peddler or commercial solicitor shall intentionally and deliberately obstruct the free movement of any member of the public on any street, sidewalk or other place or in any place open to the public generally.
- (f) No peddler or commercial solicitor shall solicit from a captive audience. "Captive audience" shall be defined as purposefully stationary persons, such as persons in line or seated in public areas.
- (g) No peddler or commercial solicitor shall threaten any injury or damage to any member of the public who declines to be solicited.
- (h) No peddler or commercial solicitor shall accept food stamps in return for goods, wares or merchandise.
- (i) No peddler or commercial solicitor shall use any vehicle horn for the purpose of advertising.
- (j) No person shall solicit, peddle, conduct or consummate the sale of any living animal or animals, and no person shall convey as part of any commercial transaction any living animal or animals, on any city street, sidewalk, right-of-way or other public property.

As an applicant for a West Hollywood Peddlers Business License, I have read and agree to abide by the standard operating requirements as listed above.

Applicant Signature

Date

Applicant 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 \_\_\_\_\_ First \_\_\_\_\_ Suffix \_\_\_\_\_  
(AKA or Alias) Last  
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 Street Address or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
(Other Identification Number)

Your Number: \_\_\_\_\_  
OCA Number (Agency Identifying Number)

Level of Service:  DOJ  FBI

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 \_\_\_\_\_