

PUBLIC EATING BUSINESS LICENSE APPLICATION

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

Public Eating Place: shall mean any business establishment including but not limited to a restaurant, coffee shop, lunch room, hotel, club, bar, cocktail lounge and every other place where food or drinks are prepared or served on the premises for public consumption or where sandwiches, lunches or similar food are prepared for sale to the public, and all kitchens, commissaries and other rooms appurtenant thereto.

Food Establishment: shall mean any business establishment including but not limited to a grocery store, liquor store, supermarket, mini-mart, convenience store and every other public place engaged in the business of selling food or drink for public consumption, but where such food or drink has not been prepared on the premises and which will not be consumed by the public on the premises.

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	N/A
Completed Business License Application	<input type="radio"/>
Sheriff's Personal Information Sheet	<input type="radio"/>
Agency Sign-Offs	<input type="radio"/>
Proof of Ownership (i.e. DBA, Partnership Agreement, Articles of Incorporation, etc)	<input type="radio"/>
Outdoor Dining Encroachment Permit (if applicable)	<input type="radio"/> <input type="radio"/>
Valid California ID or Driver's License ONLY	<input type="radio"/>
Application Fee - \$300	<input type="radio"/>

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"/>
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"/>

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.**

Building & Safety

(On-Site Inspection)

City of West Hollywood

8300 Santa Monica Blvd.

West Hollywood, CA 90069

Contact: Inspection Line - Message

(323) 848-6335 or (323) 848-6320

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Los Angeles County

Fire Prevention

(On-Site Inspection)

864 No. San Vicente Blvd.

West Hollywood, CA 90069

Hours: 8:00 AM - 10:00 AM Only

(310) 358-2380

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Los Angeles County

Environmental Health Department

(On-Site Inspection)

Jess Barios, REHS

5050 Commerce Dr.

Baldwin Park, CA 91706

213-471-3300

Hours: Tuesdays and Thursdays

8:00 a.m. to 12:00 p.m.

8300 Santa Monica Blvd., 2nd Floor

West Hollywood, CA 90069

(323) 848-6835

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: _____

Agency Approvals Continued

Planning

City of West Hollywood
8300 Santa Monica Blvd.
West Hollywood, CA 90069
Contact: Planner-on-Duty
Hours: 8:00 AM - 11:00 AM Daily
(323) 848-6475

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: _____