



ENTERTAINMENT BUSINESS LICENSE APPLICATION

Community Safety Department
8300 Santa Monica Boulevard
West Hollywood, CA 90069
(323) 848-6437 | Code@weho.org

5.08.010 BUSINESSES REQUIRED TO BE LICENSED.

No person shall commence, conduct or purport to commence or conduct the following business activities without a valid business license:

13. Entertainment

ENTERTAINMENT IS DEFINED AS FOLLOWS: *“shall include, but is not limited to, any act, play, review, pantomime, scene, movie, song, dance act, song and dance act, exhibition, dancing for compensation, or poetry recitation, performed for the benefit of the public, either at a private or public establishment. “Entertainment” as used herein does not include mechanical music alone.”*

Prior to submitting this application, please ensure all items listed below are included with your application. *Failure to submit the required information listed below will deem your application as an incomplete and WILL NOT be accepted/processed.*

CHECKLIST

1. COMPLETED BUSINESS LICENSE APPLICATION
2. SUPPLEMENTARY QUESTIONNAIRE
3. FLOOR PLAN OF BUSINESS INTERIOR
4. AGENCY SIGN-OFFS
5. APPLICATION FEE - **\$300**

NOTE: Please email this application and all supporting documents requested on the above-mentioned checklist, to code@weho.org. Your application will be reviewed, and an invoice will be sent via email upon being deemed complete.

FOR INTERNAL USE ONLY

RECEIVED BY: _____

DATE: _____



BUSINESS LICENSE APPLICATION

Community Safety Department
8300 Santa Monica Boulevard
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(323) 848-6437 | Code@weho.org

1. Applicant Information

Applicant Name

Address

Relationship to Business

e-mail

Phone #

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 &
DBA

Business Address
(WeHo location
of operations)

Operating Hours

email

Phone #

Mailing Address (if different):

Business Activity

3. Ownership Information

LLC | SOLE | PARTNERSHIP | CORPORATION | OTHER

Federal Tax I.D.#:

State Tax I.D.#:

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 or Relationship
to Business

Address

Email

Phone #

Name

Title or Relationship
to Business

Address

Email

Phone #

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

Phone:

E-mail:

Name:

Title or Relationship
to Business

Phone:

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:

CITY OF WEST HOLLYWOOD
SUPPLEMENTARY BUSINESS LICENSE QUESTIONNAIRE

Dance and Entertainment

1. List the names and addresses of the persons who have authority or control over the location for which the license is requested, and a brief statement of the nature and extent of their authority or control.

| | | |
|------|---------|-------|
| | | |
| Name | Address | Title |
| | | |
| Name | Address | Title |
| | | |
| Name | Address | Title |

2. List the names and addresses for each of the owners of the premises upon which the licensed activity is to be conducted, if the applicant is leasing such premises from the owners:

| | | |
|--------------------------|---------|-------|
| | | |
| Property/ Business Owner | Address | Title |
| | | |
| Property/ Business Owner | Address | Title |

Special Dance License (only)

3. Please specify the number of dances held within the previous three-month period immediately preceding the date of the application

DANCE/ENTERTAINMENT

4. Indicate the name, address and phone number of any individual acting as **manager** of the business who is not indicated as owner, partner, director or stockholder holding 10% or more of the shares of the corporation. These individuals will be required to obtain a **Manager's** business license from the City of West Hollywood.

Name

Address

Phone Number

Name

Address

Phone Number

Name

Address

Phone Number

Name

Address

Phone Number

AGENCY APPROVALS

Failure to obtain the required agency approvals listed below will result in your application being deemed incomplete and will not be accepted/processed. Please contact each agency for appointment.

BUSINESS NAME

ADDRESS

PLANNING

CITY OF WEST HOLLYWOOD
8300 SANTA MONICA BLVD., 2nd FL
WEST HOLLYWOOD, CA 90069
CONTACT: PLANNER-ON-DUTY
(323) 848-6475 | PLANNING@WEHO.ORG
HOURS: M – TH 8 AM - 6 PM
FRI, 8 AM - 5 PM

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

COMMENTS/CONDITIONS:

MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"

BUILDING & SAFETY

(On-Site Inspection)
CITY OF WEST HOLLYWOOD
8300 SANTA MONICA BLVD. 2nd FL
WEST HOLLYWOOD, CA 90069
CONTACT: INSPECTION LINE
(323) 848-6320 | BUILDING@WEHO.ORG
HOURS: M-TH 8 AM - 6 PM
FRI, 8 AM - 5 PM

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

COMMENTS/CONDITIONS:

MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"

FIRE PREVENTION, STATION 7

(ON-SITE INSPECTION REQUIRED)
864 N. SAN VICENTE BLVD.
WEST HOLLYWOOD, CA 90069
CONTACT: (310) 358-2380
HOURS: M-F, 8 AM - 10 AM ONLY

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

COMMENTS/CONDITIONS:

AGENCY APPROVALS

Failure to obtain the required agency approvals listed below will result in your application being deemed incomplete and will not be accepted/processed. Please contact each agency for appointment.

FINANCE (TAX CERTIFICATE)

CITY OF WEST HOLLYWOOD
8300 SANTA MONICA BLVD., 1st FL
WEST HOLLYWOOD, CA 90069

CONTACT: LAURA D'AMBROSIA
(323) 848-6319 | LDAMBROSIA@WEHO.ORG

HOURS: M – TH, 8 AM - 6 PM
FRI, 8 AM – 5 PM

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

COMMENTS/CONDITIONS:

*******FOR INTERNAL USE ONLY*******

CODE ENFORCEMENT

CITY OF WEST HOLLYWOOD
8300 SANTA MONICA BLVD., 2nd FL
WEST HOLLYWOOD, CA 90069

(323) 848-6437 | CODE@WEHO.ORG

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

COMMENTS/CONDITIONS: