



EXTENDED HOURS 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:

15. Extended hour businesses

EXTENDED HOURS IS DEFINED AS FOLLOWS: “shall mean and include any business establishment which is regularly open twenty-four hours a day or which has an opening or closing hour that falls between 2:00 a.m. and 6:00 a.m. It shall not include bars and nightclubs which only have an opening or closing hour that falls between 2:00 a.m. and 6:00 a.m. on certain holidays or for special events pursuant to Section [5.12.020](#) of the West Hollywood Municipal Code.”

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. SECURITY OPERATIONS PLAN
3. SUPPLEMENTARY QUESTIONNAIRE
4. SITE PLAN
5. AERIAL PHOTO OF THE ENTIRE BLOCK
6. PROOF OF OWNERSHIP (i.e., DBA, Partnership of Agreement, Articles of Inc, etc..)
7. NARRATIVE OF EXTENDED HOURS BUSINESS ACTIVITIES AND THE REQUESTED HOURS OF EXTENDED OPERATION
8. VALID CALIFORNIA ID OR DRIVER’S LICENSE ONLY
9. AGENCY SIGN-OFFS
10. APPLICATION FEE - \$1,700

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: _____

EXTENDED HOURS BLA

2022

DATE: _____

1 of 11



BUSINESS LICENSE APPLICATION

Community Safety Department
8300 Santa Monica Boulevard
West Hollywood, CA 90069
(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:



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

This form shall be completed and submitted, with all requisite supporting documentation, at the time of application for a West Hollywood Business License.

BUSINESS INFORMATION

Please list the business name, street address and mailing address, and E-Mail. The business address may not be a P.O. Box, Mailbox, Message Service, or Similar Device.

Business Name:

Location Address

Mailing Address (if different)

What Type of Business:

Phone Number

Fax Number

OWNER/ MANAGER INFORMATION

E-mail Address

Type of Ownership of Your Business?: Sole Ownership Partnership Corporation

Owner's Name:

Owner's Phone:

Manager's Name:

Manager's Phone:

SECURITY OPERATIONS PLAN continued...

BUSINESS OPERATION INFORMATION

Normal Hours of Operation:

MONDAY

FRIDAY

TUESDAY

SATURDAY

WEDNESDAY

SUNDAY

THURSDAY

Security Staff Information

Head of Security's Name

Head of Security's Emergency Contact Number

Total Number of Security Staff Employed

Total Number of Security Staff Working During the Week

Total Number of Security Staff Working On the Weekend

What Trainings/ Certifications Does Your Security Staff Have?

How often does your security personnel receive training and what does it consist of?

PURSUANT TO WEST HOLLYWOOD MUNICIPAL CODE 5.104.030

(b) All security personnel must have a California Guard Card and/or must possess a certificate of completion from a Penal Code 832 course instruction within six months of employment.

For more information in obtaining a Security Guard Registration, please visit **THE BUREAU OF SECURITY AND INVESTIGATIVE SERVICES (ca.gov)** at https://bsis.ca.gov/forms_pubs/guard_fact.shtml

SECURITY OPERATIONS PLAN continued...

SECURITY PROCEDURES

Give Detailed Answers To The Following Questions. If A Question Does Not Apply, Write N/A. Do Not Leave Any Question Blank

What is your total occupancy as determined by the LA County Fire Department?

Is your occupancy posted in every room of your establishment?

Describe your policy for evacuation:

What types of security tools are used by your staff? (i.e. Wands, spray, handcuffs, etc.)? Please list all:

Under what circumstances do you pat down guests?

What is the procedure for searching someone's purse or bag?

What happens to confiscated personal property acquired during a search?

When visually observing patrons in the establishment or the queue line, what does security look for? What suspicious behavior?

Does your security staff wear marked clothing? If so, please describe:

SECURITY OPERATIONS PLAN continued...

Are any members of your security staff licensed to carry firearms? If so, do they?

Where do you queue guests and who monitors the queue?

A fight breaks out on the public sidewalk outside by the queue line, what does your security staff do?

What is your policy for an intoxicated patron?

What is your re-entry policy? Can patrons leave the establishment and come back in?

Do you have an outside area and do you monitor smoking?

How do you prevent the passing of contraband from the queue line to someone already inside the establishment?

Have you or any of the officers of the partnership/ corporation been convicted of a felony? If yes, please explain:

Do you utilize security cameras? If so, how many?

Are your cameras connected to a recording device or are they solely for watching live feeds? How long are recordings kept?

SECURITY OPERATIONS PLAN continued...

Business Owner Acknowledgement

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 to this Security Operations Plan when they occur including security personnel changes.

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

Business Name:

Applicant's Name

Applicant's Signature

Date

REQUIRED DOCUMENTATIONS

1. ALL SECURITY PERSONNEL: ATTACH A PHOTOCOPY OF A: "CALIFORNIA CONSUMER AFFAIRS GUARD CARD" OR A "PC832 CERTIFICATE" ALONG WITH A PHOTOCOPY OF EITHER A VALID CALIFORNIA DRIVERS LICENSE OR A VALID GOVERNMENT ID/PASSPORT.
2. BUSINESS OWNER, MANAGER AND HEAD OF SECURITY: ATTACH A PHOTOCOPY OF A CURRENT CALIFORNIA DRIVERS LICENSE OR A VALID GOVERNMENT ID/PASSPORT.
3. A SITE MAP OF YOUR BUSINESS ILLUSTRATING ALL EMERGENCY EXITS, CAMERAS (IF ANY), QUEUE LINE, AND ALL RELEVANT SECURITY INFORMATION THAT WOULD APPLY TO YOUR BUSINESS (SAMPLE SITE MAP PROVIDED).

ONCE THIS SECURITY OPERATIONS PLAN HAS BEEN RECEIVED, YOU MAY THEN BE CONTACTED BY THE CITY OF WEST HOLLYWOOD TO SCHEDULE A SITE INSPECTION.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO CONTACT THE CITY TO UPDATE YOUR SECURITY OPERATIONS PLAN REGARDING ANY CHANGES/UPDATES, I.E., GUARDS, NEW MANAGEMENT, ETC

******SECTION BELOW IS FOR INTERNAL USE ONLY******

RECEIVED BY: _____ DATE: _____

COMMENTS/NOTES

CITY OF WEST HOLLYWOOD
SUPPLEMENTARY BUSINESS LICENSE QUESTIONNAIRE

Extended Hours Businesses

BUSINESS INFORMATION

Business Name & DBA			
Business Address			
Business Phone		What is your total occupancy as determined by the LA County Fire Department?	

APPLICANT INFORMATION

Applicant Name	
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1. List the requested days and hours of extended hours operations:

2. Provide a narrative of the business activities that are being proposed to take place during the requested extended hours of operation:

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.

REVENUE MANAGEMENT (TAX CERTIFICATE)

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

CONTACT: (323) 848-6451

FINANCEREVENUE@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: