



# PUBLIC EATING WITH ALCOHOL BUSINESS LICENSE APPLICATION

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

## 29. Public eating places and food establishments

**PUBLIC EATING PLACE WITH ALCOHOL SERVICE DEFINED:** *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, which has a valid license issued by the State of California Alcohol Beverage Control Board (ABC).*

**FOOD ESTABLISHMENT DEFINED:** *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.*

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 incomplete and WILL NOT be accepted/processed.*

### CHECKLIST

N/A    INCLUDED

1. COMPLETED BUSINESS LICENSE APPLICATION
2. PROOF OF OWNERSHIP (*i.e., DBA, Partnership Agreement, Articles of Inc., etc*)
3. COPY OF ABC LICENSE
4. OUTDOOR DINING ENCROACHMENT PERMIT (*if applicable*)
5. SECURITY OPERATIONS PLAN (*Required for venues with capacity of 50 or greater*)
6. VALID CALIFORNIA ID OR DRIVER'S LICENSE ONLY
7. AGENCY SIGN-OFFS
8. APPLICATION FEE - \$300

**NOTE:** Please email this application and all supporting documents requested on the above-mentioned checklist, to [code@weho.org](mailto:code@weho.org). Your application will be reviewed, and once deemed complete, an invoice will be sent via email.

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**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](mailto: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 #

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#### 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:

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Name:

Title or Relationship  
to Business

Phone:

E-mail:

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**\*\* 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](mailto: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](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**



## PUBLIC EATING W/ ALCOHOL 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., 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: PLANNER-ON-DUTY**  
**(323) 848-6475** | [PLANNING@WEHO.ORG](mailto: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. 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: INSPECTION LINE**  
**(323) 848-6320** | [BUILDING@WEHO.ORG](mailto: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:

**PUBLIC EATING W/ ALCOHOL AGENCY APPROVALS CONTINUED...**

**L.A. COUNTY HEALTH DEPARTMENT**

(On-Site Inspection)  
BEVERLY HILLS & WEHO DISTRICT  
3530 WILSHIRE BLVD., 9<sup>th</sup> FL  
LOS ANGELES, CA 90010

**CONTACT: ZEPYUR MANJIKIAN**  
[ZMANJIKIAN@PH.LACOUNTY.GOV](mailto:ZMANJIKIAN@PH.LACOUNTY.GOV)  
**(213) 351-7959 | (213) 351-7352**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**REVENUE MANAGEMENT**

**(TAX CERTIFICATE)**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 1<sup>st</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: [FINANCEREVENUE@WEHO.ORG](mailto:FINANCEREVENUE@WEHO.ORG)**  
**(323) 848-6451**  
**HOURS: M – TH, 8 AM - 6 PM**  
**FRI, 8 AM – 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**

**\*\*\*\*\*INTERNAL USE ONLY\*\*\*\*\***

**CODE ENFORCEMENT**

CITY OF WEST HOLLYWOOD  
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APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**COMMENTS/CONDITIONS:**