



Business License Research & Compliance Package

Prepared for:

ABC COMPANY, LLC

Prepared by:

Corporation Service Company

Prepared on:

June 11, 2010

**Business License Portfolio Management | Business License Filing & Renewal Services
License Verification | Audit & Gap Analysis | Fully-Managed Outsourcing**



Business License Research & Compliance Package

Your Business Details

Principal Business Address

123 ABC STREET
CORONADO, CA, 92118
County: SAN DIEGO

Contact Information

KAREN TEST
ABC COMPANY, LLC

Order Details

Your Request

BLCP

Location(s) Where You Conduct Business

CA, SAN DIEGO, CORONADO

Products/Services Provided

FULL SERVICE RESTAURANT SERVING BEER, WINE AND LIQUOR.

Business Activity/Industry Segment

RESTAURANT AND BAR

Order ID

414246 - 5

Number of Employees

10

Report Results

This report contains business license and tax application(s) that have been identified on your behalf.

Each application is preceded with a cover sheet containing the licensing authority's contact information (name, address, telephone number, etc.) as well as instructions on how to file your application.

Federal Level:

- (TTB F 5630.5d) Application for Alcohol Dealer Registration

State Level (CA):

- Application Questionnaire
- Application Signature Sheet ("Sign On")
- California Seller's Permit Application (BOE-400-SPA)
- Certification Re Chapter 15 Tied-House Restriction Form
- Financial Affidavit
- Individual Personal Affidavit Form
- Licensed Premises Diagram (Retail) Form
- Limited Liability Company Questionnaire Form
- Registration For Commercial Employers (DE 1)
- Statement Re: Consideration Points

800-927-9801 ext. 5077 - fax 302.636.5454 - businesslicenses@cscinfo.com - www.cscglobal.com



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- Statement Re: Residences
- Supplemental Diagram Form
- Zoning Affidavit

County Level (SAN DIEGO)

- Food Facility Plan Check Application
- Health Permit Application

Local Level (CORONADO)

- Application for Business Occupancy
- Business License Application
- Worker's Compensation Declaration

Sample



Business License Research & Compliance Package

Our Findings

Package Scope

This report sets forth the license and permit requirements we have identified as being relevant to RESTAURANT AND BAR. These requirements are based on details provided in connection with location and business activity. The business address provided is within the incorporated city of CORONADO, County of SAN DIEGO in the State of CA.

Overview of Licenses and Permits

Federal Level:

- (TTB F 5630.5d) Application for Alcohol Dealer Registration

State Level (CA):

The following license and/or permit requirements may be relevant to RESTAURANT AND BAR at the State level:

- Application Questionnaire
- Application Signature Sheet ("Sign On")
- California Seller's Permit Application (BOE-400-SPA)
- Certification Re Chapter 15 Tied-House Restriction Form
- Financial Affidavit
- Individual Personal Affidavit Form
- Licensed Premises Diagram (Retail) Form
- Limited Liability Company Questionnaire Form
- Registration For Commercial Employers (DE 1)
- Statement Re: Consideration Points
- Statement Re: Residences
- Supplemental Diagram Form
- Zoning Affidavit

County Level (SAN DIEGO)

The following license and/or permit requirements may be relevant to RESTAURANT AND BAR at the County level:

- Food Facility Plan Check Application
- Health Permit Application

Local Level (CORONADO)

The following license and/or permit requirements may be relevant to RESTAURANT AND BAR at the Local level:

- Application for Business Occupancy
- Business License Application
- Worker's Compensation Declaration



Business License Research & Compliance Package

Form Preparation and Filing Services

If you are interested in having CSC assist you with form preparation, filing or any of the services listed below, please contact a CSC Business License Specialist at (800)-927-9801 x5077 or email businesslicenses@cscinfo.com.

- Business License Prep & Filing
- Business License Renewal Service
- Federal Tax Identification (EIN)
- License Verification
- Fictitious Name (DBA)
- License Portfolio Management
- Audit & Gap Analysis
- License Outsourcing Services
- Inc & LLC Formations
- Qualifications

General Notes

Sample



Business License Research & Compliance Package

(TTB F 5630.5d) Application for
Alcohol Dealer Registration
(Federal)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

**DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
Alcohol Dealer Registration – For Use On and After July 1, 2008**

(Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION

Complete all fields in section 1 to correctly identify your business

NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)	EMPLOYER IDENTIFICATION NUMBER (See Instructions) -		
MAILING ADDRESS (Street address or P.O. Box)	CITY	STATE	ZIP CODE

SELECT BOX a, b, or c:

- a. NEW BUSINESS
- b. OUT OF BUSINESS

c. EXISTING BUSINESS WITH CHANGE IN: (complete items below)

- | | |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME | <input type="checkbox"/> OWNERSHIP INFO |
| <input type="checkbox"/> ADDRESS / LOCATION | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS (OLD: -) | |
| <input type="checkbox"/> PHONE (NEW: -) | |

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS

Enter information below for each business location, using the appropriate class code

DEALER CLASS	SUBCLASS	CLASS CODE
RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.)	Liquors (Distilled Spirits, Wine or Beer)	11
	Beer Only	12
	Liquors (Distilled Spirits, Wine or Beer) – At Large*	15
	Beer Only – At Large*	16
WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)	Liquors (Distilled Spirits, Wine, or Beer)	31
	Beer Only	32

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

CLASS CODE	TRADE NAME	PREMISES ADDRESS STREET NUMBER AND NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
				()
				()
				()
				()
				()

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

SIGNATURE	TITLE	DATE
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SECTION 3 – OWNERSHIP INFORMATION

INDIVIDUAL OWNER PARTNERSHIP CORPORATION LLC OTHER (Specify)

FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION

INSTRUCTIONS**GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215.

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to ttbtaxstamp@ttb.gov. Additional information is also available at our Web site, www.ttb.gov.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.



Business License Research & Compliance Package

Application Questionnaire (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)		
2. LICENSE TYPE(S) (Check appropriate items)		3. TRANSACTION TYPE (Check appropriate item)
20 Off-Sale Beer & Wine		Original (New)
21 Off-Sale General		Person-to-Person Transfer (check appropriate section):
40 On-Sale Beer		Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)
41 On-Sale Beer & Wine Eating Place		Section 24071.1 (Corporate Stock/Limited Partnership)
42 On-Sale Beer & Wine Public Premises		Section 24071.2 (Limited Liability Company)
47 On-Sale General Eating Place		Premises-to-Premises Transfer
48 On-Sale General Public Premises		Exchange
Other		Other
4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code)		County
6. PREMISES TELEPHONE NUMBER ()	7. PREMISES ARE INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	8. BUSINESS NAME (DBA) YOU WILL USE
9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code)		10. MAILING ADDRESS <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary
11. ABC LICENSE COST (Item #32a on reverse)		12. SUBTOTAL (Item #32f on reverse)
13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN		
16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.)		17. ABC LICENSE NUMBER
18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code)		
19. PREMISES UNDER CONSTRUCTION <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, LIST ESTIMATED COMPLETION DATE	
20. FRANCHISE <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. NAME OF PERSON WE MAY CONTACT (For the applicant)	22. TITLE OF CONTACT PERSON	23. CONTACT TELEPHONE NUMBER ()
24. PREMISES IS CURRENTLY LICENSED <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, TYPE OF LICENSE	25. CURRENT LICENSE IS OPERATING <input type="checkbox"/> Yes <input type="checkbox"/> No
IF NO, DATE CLOSED		
FINANCIAL INFORMATION		
26. ESCROW COMPANY'S NAME	ESCROW COMPANY'S ADDRESS	TELEPHONE NUMBER ()
27. BOOKKEEPER/ACCOUNTANT'S NAME	BOOKKEEPER/ACCOUNTANT'S ADDRESS	TELEPHONE NUMBER ()
28. LANDLORD'S NAME	LANDLORD'S ADDRESS	TELEPHONE NUMBER ()
29. MONTHLY RENT	30. LEASE EXPIRATION DATE	31. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> None

32. INVESTMENT INFORMATION	COST
a. ABC License	\$
b. Furniture/fixtures	\$
c. Inventory	\$
d. Goodwill/non-compete covenant	\$
e. Leasehold and/or Improvements	\$
f. SUBTOTAL (Usually should equal the recorded notice)	\$
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits	\$
h. Working capital (approximate)	\$
i. Realty or interest therein	\$
j. TOTAL INVESTMENT (Items f through i) (will equal total of amounts listed in item #32)	\$

33. Source of Funds for Total Investment (item #32j) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	<i>Gift</i>	<i>John Doe, Brother</i>
\$15,000	<i>Promissory Note</i>	<i>to seller, payable @ \$1,000 per month for 15 months</i>
\$10,000	<i>Loan</i>	<i>from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052</i>

34. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a.		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

35. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED

ATTEST (ABC Employee or Notary Public)



Business License Research & Compliance Package

Application Signature Sheet ("Sign On") (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

APPLICATION SIGNATURE SHEET ("SIGN ON")

- This form is to be used as the signature page for applications not signed in the District Office.
- **Read instructions on reverse before completing.**
- **All signatures must be notarized in accordance with laws of the State where signed.**

1. OWNERSHIP TYPE (Check one)

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership-Ltd
<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation
<input type="checkbox"/> Married Couple	<input type="checkbox"/> Limited Liability Company
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Other _____

2. FILE NUMBER (If any)	3. LICENSE TYPE	4. TRANSACTION TYPE <input type="checkbox"/> Original <input type="checkbox"/> Exchange <input type="checkbox"/> Person to Person Transfer <input type="checkbox"/> Premise to Premise Transfer <input type="checkbox"/> Other _____
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5. APPLICANT(S) NAME (Last, first, middle)

6. APPLICANT'S MAILING ADDRESS (Street address/P.O. box, city, state, zip code)

7. PREMISES ADDRESS (Street address, city, zip code)

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer

payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to \$100.

SOLE OWNER

8. PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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PARTNERSHIP/LIMITED PARTNERSHIP (Signatures of general partners only)

9. PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PARTNER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

CORPORATION

10. PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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TITLE
 President Vice President Chairman of the Board

PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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TITLE
 Secretary Asst. Secretary Chief Financial Officer Asst. Treasurer

LIMITED LIABILITY COMPANY

11. The limited liability company is member-run Yes No (If no, complete Item #12 below)

12. NAME OF DESIGNATED MANAGER, MANAGING MEMBER OR DESIGNATED OFFICER (Last, first, middle)

13. MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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MEMBER'S PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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APPLICATION SIGNATURE SHEET (continued)

APPLICANT'S CERTIFICATION

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He/She is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer

payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department, (b) to gain or establish a preference to or for any creditor or transferor, or (c) to defraud or injure any creditor or transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

I understand that if I fail to qualify for the license or withdraw this application there will be a service charge of one-fourth of the license fee paid, up to \$100.

ADDITIONAL SIGNATURES

14. PRINTED NAME (Last, first, middle)	SIGNATURE	DATE SIGNED
	X	
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
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PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED
PRINTED NAME (Last, first, middle)	SIGNATURE X	DATE SIGNED

INSTRUCTIONS AND GENERAL INFORMATION

- Type or print clearly in black or blue ink (do not use red).
- If you need more space for signatures, use Item #14.

Ownership Type (Item #1) - Check the box for the type of ownership for the business.

File Number (Item #2) - If this is an application for a transfer or exchange, enter the number assigned to the specific license being transferred or exchanged.

License Type (Item #3) - Enter the numeric designation for the license (e.g., Type 21) or description (e.g., Off-Sale General).

Transaction Type (Item #4) - Check the box for the type of transaction.

Applicant(s) Name (Item #5) - Enter the name of the applicant. For a general partnership, the names of the individual partners. For a limited partnership, limited liability company, or a corporation, the name of the entity.

Applicant's Mailing Address (Item #6) - Enter the address where you wish to receive mail. May be different from the premises address. Business and mailing addresses are public information and are available to the public. Please consider this, especially when listing a mailing address.

Premises Address (Item #7) - Enter the location of the premises for which the license is applied.

Partnerships (Item #9) - The application must be signed by each of the partners (e.g., general partnerships, husband and wife, etc.) **Limited Partnerships** - The application must be signed by each of the general partners. Limited partners do not need to sign.

Corporations (Item #10) - The application must be signed by two officers of the corporation, one from each of the following categories: (a) The chairperson of the board, the president, or a vice president; and (b) the secretary, assistant secretary, chief financial officer, or assistant treasurer.

Limited Liability Companies (Item #13) - For a limited liability company that is managed by its members, the application must be signed by each member or by an officer authorized by the articles of organization or the operating agreement to bind the company. For a limited liability company that is managed by a manager or managers, the application must be signed by the manager or managers or by an officer authorized by the articles of organization or the operating agreement to bind the company.



Business License Research & Compliance Package

California Seller's Permit Application
(BOE-400-SPA) (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

California Seller's Permit Application

for Individuals/Partnerships/Corporations/Organizations
(Regular or Temporary)

 State Board of Equalization

SELLER'S PERMIT APPLICATION • SELLER'S PERMIT APPLICATION • SELLER'S PERMIT APPLICATION • SELLER'S PERMIT APPLICATION

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BOARD MEMBERS

Betty T. Yee

**First District
San Francisco**

Michelle Steel

**Third District
Rolling Hills Estates**

Jerome E. Horton

**Fourth District
Los Angeles**

John Chiang

State Controller

Barbara Alby

**Acting Member
Second District
Sacramento**

EXECUTIVE DIRECTOR

Ramon J. Hirsig

Frequently Asked Questions

Who must have a permit?

You are generally required to obtain a California seller's permit if you sell or lease merchandise, vehicles, or other tangible personal property in California. A seller's permit allows you to sell items at the wholesale or retail level. If your sales are ongoing, you should apply for a "Regular" permit. If your sales are of a temporary nature (90 days or less), apply for a "Temporary" permit. You cannot legally sell taxable items in California until you have been issued a seller's permit.

Do I need more than one permit?

Each location where sales of taxable items are made requires, and must display, a seller's permit. If you have more than one selling location, attach a list that includes the address for each location, and we will issue the permits needed. If your application is for a temporary permit, one permit will be enough, but you need to display a copy of that permit at each temporary location.

Is there a charge for a permit?

No. However, we may require a security deposit. Deposits are used to cover any unpaid taxes that may be owed at the time a business closes.

Is information about my account subject to public disclosure?

State laws that protect your privacy generally cover your records. Some records are subject to public disclosure, such as the information on your seller's permit, names of owners or partners, your business address, and your permit status. See the disclosure information on the back page.

Why do you need a copy of my driver license?

When it is required, it is used to ensure the accuracy of the information provided and to protect against fraudulent use of your identification.

Why am I being asked if I sell tires, covered electronic devices, or tobacco products at retail?

Effective January 1, 2001, California retailers of new tires began collecting a tire fee (currently \$1.75) for each new tire sold to consumers. Beginning January 1, 2005, retailers must collect a recycling fee on the retail sale or lease of certain new or refurbished video display devices that have a screen size of more than four inches measured diagonally. Video display devices subject to the fee are called "covered electronic devices" (CEDs). They include televisions, computer

monitors, or any other product that contains a cathode ray tube, including "bare" cathode ray tubes, computer monitors, and laptop computers that use a liquid crystal display. For more information on the Electronic Recycling Fee Program or CEDs, visit: www.boe.ca.gov/sptaxprog/ewaste.htm. Effective June 30, 2004, if you sell cigarettes and/or tobacco products, you must obtain a license (separate from a seller's permit) for each location you intend to sell these products. Depending on your response to each question and the type of business, the BOE will send you information about these license and fee programs.

What are my rights and responsibilities as a seller?

When you obtain a seller's permit, you acquire certain rights and responsibilities.

- **You may buy property for resale without paying tax to your supplier.** By providing the vendor a completed resale certificate, you are not required to pay sales tax on property you are buying for resale. You cannot use a resale certificate to buy property for your own use (even if you plan to sell it after its use).
- **You must keep records** to substantiate your sales, purchases, and return deductions and keep them for four years.
- **You must file returns** according to the BOE's instructions for the filing basis that we determine from your application. You must file a return even if you have no tax to report.
- **You must pay the sales tax due** on your retail sales in California. You may be reimbursed by collecting the amount of tax from your customers.
- **You must notify the BOE of any business changes.** A permit is issued only to the owner and address listed on the permit. If you change ownership, address, add another location, sell or close your business, add or drop a partner, you must notify the BOE by calling or in writing. Your notification will help us close your account and return any security on deposit. If you do not, you could be held liable for continuing business taxes. Note: Notify us immediately if you drop or add a partner in order to protect former partners from tax liabilities incurred by the business after the partnership changes.

**TAXPAYER INFORMATION
SECTION**

800-400-7115

TDD/TTY 800-735-2929

FIELD OFFICES

CALL FOR ADDRESSES

City	Area Code	Number
Bakersfield	661	395-2880
Culver City	310	342-1000
El Centro	760	352-3431
Fresno	559	440-5330
Irvine	949	440-3473
Norwalk	562	466-1694
Oakland	510	622-4100
Rancho Mirage	760	770-4828
Redding	530	224-4729
Riverside	951	680-6400
Sacramento	916	227-6700
Salinas	831	443-3003
San Diego	619	525-4526
San Francisco	415	356-6600
San Jose	408	277-1231
San Marcos	760	510-5850
Santa Rosa	707	576-2100
Suisun City	707	428-2041
Van Nuys	818	904-2300
Ventura	805	677-2700
West Covina	626	480-7200

**Business Located
Out-of-State**
916-227-6600



How Do I Apply for My Seller's Permit?

Step 1: Complete Your Application

Complete the application on page 5. If your business is an ongoing operation, check permit type "Regular." If your business will operate at the location(s) for 90 days or less, check "Temporary." Please provide **all** the information requested on the application. If you do not, this will delay the issuance of your permit. Refer to the "Tips" on page 4. If you need assistance, please call your local BOE office or the Taxpayer Information Section at 800-400-7115.

Note: If your business is located outside California, you also need to complete form BOE-403-B, *Registration Information for Out-of-State Account*. Visit our website at www.boe.ca.gov, call the Out-of-State Office at 916-227-6600, or the Taxpayer Information Section at 800-400-7115, to request a copy by mail or by fax (select the automated fax-back option).

For information regarding whether or not your out-of-state corporation qualifies to transact business in the State of California, you may visit the Secretary of State's website at www.ss.ca.gov. For information regarding the minimum franchise tax for corporations, please visit the California Taxes Information Center's website at www.taxes.ca.gov.

Step 2: Send Your Application for Processing

Send or take your application to the **district office** nearest your place of business. If you plan to apply in person, contact the local office to find out when they are open. Note: A permit is required before you begin making sales. Advise the BOE if you have an urgent need for a permit.

Step 3: After Your Application Is Approved

If your application is complete, you should receive your permit in about two weeks. Based on the information in your application, the BOE will provide you with regulations, forms, and other publications that may help you with your business. Or, you may choose to view and download information from our website at www.boe.ca.gov. You will also be informed as to when to file tax returns: monthly, quarterly, fiscal or calendar yearly. Electronic filing is the BOE's method for filing your sales and use tax return and making payment. Visit our website for details.

Post your permit at your place of business in a location easily seen by your customers.

Tips for Filling Out Your Application

Item 1: Permit Type

Check whether you are applying for a **regular** or **temporary** permit. You may apply for a temporary permit if you intend to make sales for a period of 90 days or less. Otherwise, you must apply for a regular permit.

Items 2–8: Business Identification Information

Check your type of ownership and provide all of the information requested. Partnerships should provide a copy of their written partnership agreement, if one exists. If it is filed with us at the time you apply for a permit and it specifies that all business assets are held in the name of the partnership, we will attempt to collect any delinquent tax liability from the partnership's assets before we attempt to collect from the partners' personal assets. The "Registered Domestic Partnership" ownership box should only be checked if both persons are registered as domestic partners with the Office of the Secretary of State.

Items 9–35: Ownership Information

Indicate whether those listed are owners, partners, etc., and enter their driver license or California Identification Card number and, except in the case of corporate officers, their social security number. Also, provide a reference for each person, who does not live with that person. This information will be kept in strict confidence. If mailing your application, you must provide a photocopy of your driver license or California Identification Card.

Items 36–49, 66: Type of Business, Selling Locations, and Landlord Information

Check whether the business is a retailer, wholesaler, etc., and whether the business is full time or part time. Describe the types of items you will sell. Avoid using broad descriptions, such as "general merchandise." Instead, list specific examples such as sports equipment or garden supplies. Indicate the number of selling locations, the address, telephone number, email address, and website of the business, as well as the landlord's name, address, and telephone number. If there are multiple selling locations, additional addresses can be listed on the reverse side (Item 66). Correspondence will be sent to the business address unless a different mailing

address is specified (Item 42).

Items 50–51: Projected Monthly Sales

Indicate your projected monthly gross and taxable sales. If unsure, provide an estimate. Your projection helps to determine how often you will need to file a return. If your actual sales vary, we may adjust your filing frequency.

Items 52–55: Related Program Information

Provide your Alcoholic Beverage Control license number, if applicable. Indicate if you will be selling new tires, covered electronic devices, or tobacco products. We will contact you to determine if you need to register for any of these other programs.

Items 56–65: Related Party Information

Identify the person maintaining your records, your bank, and if you accept credit cards, your merchant card account. Also, identify major California-based suppliers and the products that you purchase from them.

Items 67–74: Ownership and Organizational Changes

If you are purchasing a business, or changing from one type of business organization to another, provide the previous owner's name and seller's permit number. If you are purchasing a business, you should request a tax clearance in advance to assure that you won't have to pay any taxes owed by the previous owner.

Items 75–82: Temporary Permit Event Information

Applicants for a temporary permit must complete each item in this section.

Certification

Each owner, co-owner, partner, or corporate officer must sign the application.

APPLICATION FOR SELLER'S PERMIT

<p>1. PERMIT TYPE: (check one) <input type="checkbox"/> Regular <input type="checkbox"/> Temporary</p> <p>2. TYPE OF OWNERSHIP (check one) * Must provide partnership agreement</p> <p><input type="checkbox"/> Sole Owner <input type="checkbox"/> Married Co-ownership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC)</p> <p><input type="checkbox"/> General Partnership <input type="checkbox"/> Unincorporated Business Trust</p> <p><input type="checkbox"/> Limited Partnership (LP)* <input type="checkbox"/> Limited Liability Partnership (LLP)* <small>(Registered to practice law, accounting or architecture)</small></p> <p><input type="checkbox"/> Registered Domestic Partnership</p> <p><input type="checkbox"/> Other (describe) _____</p> <p>3. NAME OF SOLE OWNER, CORPORATION, LLC, PARTNERSHIP, OR TRUST _____</p> <p>5. BUSINESS TRADE NAME/"DOING BUSINESS AS" [DBA] (if any) _____</p> <p>7. CORPORATE, LLC, LLP OR LP NUMBER FROM CALIFORNIA SECRETARY OF STATE _____</p>	<p style="text-align: center;">FOR BOE USE ONLY</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">TAX</th> <th style="width:15%;">IND</th> <th style="width:20%;">OFFICE</th> <th style="width:50%;">PERMIT NUMBER</th> </tr> <tr> <td style="text-align: center; font-size: 24pt;">S</td> <td></td> <td></td> <td></td> </tr> <tr> <td>NAICS CODE</td> <td>BUS CODE</td> <td>A.C.C.</td> <td>REPORTING BASIS TAX AREA CODE</td> </tr> <tr> <td>PROCESSED BY</td> <td>PERMIT ISSUE DATE</td> <td></td> <td>RETURN TYPE <input type="checkbox"/> (1) 401-A <input type="checkbox"/> (2) 401-EZ</td> </tr> <tr> <td></td> <td style="text-align: center;">___ / ___ / ___</td> <td></td> <td>VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other</td> </tr> </table> <p>4. STATE OF INCORPORATION OR ORGANIZATION _____</p> <p>6. DATE YOU WILL BEGIN BUSINESS ACTIVITIES (month, day, and year) _____</p> <p>8. FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) _____</p>	TAX	IND	OFFICE	PERMIT NUMBER	S				NAICS CODE	BUS CODE	A.C.C.	REPORTING BASIS TAX AREA CODE	PROCESSED BY	PERMIT ISSUE DATE		RETURN TYPE <input type="checkbox"/> (1) 401-A <input type="checkbox"/> (2) 401-EZ		___ / ___ / ___		VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other
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PROCESSED BY	PERMIT ISSUE DATE		RETURN TYPE <input type="checkbox"/> (1) 401-A <input type="checkbox"/> (2) 401-EZ																		
	___ / ___ / ___		VERIFICATION <input type="checkbox"/> DL <input type="checkbox"/> PA <input type="checkbox"/> Other																		

CHECK ONE Owner/Co-Owners Partners Registered Domestic Partners Corp. Officers LLC Officers/Managers/ Members Trustees/Beneficiaries

Use additional sheets to include information for more than three individuals.

9. FULL NAME (first, middle, last) _____	10. TITLE _____
11. SOCIAL SECURITY NUMBER (corporate officers excluded) _____	12. DRIVER LICENSE NUMBER (attach copy) _____
13. HOME ADDRESS (street, city, state, zip code) _____	14. HOME TELEPHONE NUMBER ()
15. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU _____	16. ADDRESS (street, city, state, zip code) _____
	17. REFERENCE TELEPHONE NUMBER ()
18. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last) _____	19. TITLE _____
20. SOCIAL SECURITY NUMBER (corporate officers excluded) _____	21. DRIVER LICENSE NUMBER (attach copy) _____
22. HOME ADDRESS (street, city, state, zip code) _____	23. HOME TELEPHONE NUMBER ()
24. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU _____	25. ADDRESS (street, city, state, zip code) _____
	26. REFERENCE TELEPHONE NUMBER ()
27. FULL NAME OF ADDITIONAL PARTNER, OFFICER, OR MEMBER (first, middle, last) _____	28. TITLE _____
29. SOCIAL SECURITY NUMBER (corporate officers excluded) _____	30. DRIVER LICENSE NUMBER (attach copy) _____
31. HOME ADDRESS (street, city, state, zip code) _____	32. HOME TELEPHONE NUMBER ()
33. NAME OF A PERSONAL REFERENCE NOT LIVING WITH YOU _____	34. ADDRESS (street, city, state, zip code) _____
	35. REFERENCE TELEPHONE NUMBER ()
36. TYPE OF BUSINESS (check one that best describes your business)	37. NUMBER OF SELLING LOCATIONS <small>(if 2 or more, see Item No. 66)</small>
<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Mfg. <input type="checkbox"/> Repair <input type="checkbox"/> Service <input type="checkbox"/> Construction Contractor <input type="checkbox"/> Leasing	
38. WHAT ITEMS WILL YOU SELL? _____	39. CHECK ONE <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
40. BUSINESS ADDRESS (street, city, state, zip code) [do not list P.O. Box or mailing service] _____	41. BUSINESS TELEPHONE NUMBER ()
42. MAILING ADDRESS (street, city, state, zip code) [if different from business address] _____	43. BUSINESS FAX NUMBER ()
44. BUSINESS EMAIL ADDRESS _____	45. BUSINESS WEBSITE ADDRESS WWW. _____
47. NAME OF BUSINESS LANDLORD _____	48. LANDLORD ADDRESS (street, city, state, zip code) _____
46. DO YOU MAKE INTERNET SALES? <input type="checkbox"/> Yes <input type="checkbox"/> No	49. LANDLORD TELEPHONE NUMBER ()
50. PROJECTED MONTHLY GROSS SALES \$ _____	51. PROJECTED MONTHLY TAXABLE SALES \$ _____
	52. ALCOHOLIC BEVERAGE CONTROL LICENSE NUMBER (if applicable) _____ - _____
53. SELLING NEW TIRES AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No	54. SELLING COVERED ELECTRONIC DEVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No
	55. SELLING TOBACCO AT RETAIL? <input type="checkbox"/> Yes <input type="checkbox"/> No

(continued on reverse)

tear at perforation

56. NAME OF PERSON MAINTAINING YOUR RECORDS	57. ADDRESS (street, city, state, zip code)	58. TELEPHONE NUMBER ()
59. NAME OF BANK OR OTHER FINANCIAL INSTITUTION (note whether business or personal)		60. BANK BRANCH LOCATION
61. NAME OF MERCHANT CREDIT CARD PROCESSOR (if you accept credit cards)		62. MERCHANT CARD ACCOUNT NUMBER
63. NAMES OF MAJOR CALIFORNIA-BASED SUPPLIERS	64. ADDRESSES (street, city, state, zip code)	65. PRODUCTS PURCHASED

ADDITIONAL SELLING LOCATIONS (List All Other Selling Locations)

66. PHYSICAL LOCATION OR STREET ADDRESS (attach separate list, if required)

OWNERSHIP AND ORGANIZATIONAL CHANGES (Do Not Complete for Temporary Permits)

67. ARE YOU BUYING AN EXISTING BUSINESS?
 Yes No If yes, complete items 70 through 74.

68. ARE YOU CHANGING FROM ONE TYPE OF BUSINESS ORGANIZATION TO ANOTHER (FOR EXAMPLE, FROM A SOLE OWNER TO A CORPORATION OR FROM A PARTNERSHIP TO A LIMITED LIABILITY COMPANY, ETC.)?
 Yes No If yes, complete items 70 and 71.

69. OTHER OWNERSHIP CHANGES (please describe):

70. FORMER OWNER'S NAME	71. SELLER'S PERMIT NUMBER
72. PURCHASE PRICE \$	73. VALUE OF FIXTURES & EQUIPMENT \$
74. IF AN ESCROW COMPANY IS REQUESTING A TAX CLEARANCE ON YOUR BEHALF, PLEASE LIST THEIR NAME, ADDRESS, TELEPHONE NUMBER, AND THE ESCROW NUMBER	

TEMPORARY PERMIT EVENT INFORMATION

75. PERIOD OF SALES FROM: ___/___/___ THROUGH: ___/___/___	76. ESTIMATED EVENT SALES \$	77. SPACE RENTAL COST (if any) \$	78. ADMISSION CHARGED? <input type="checkbox"/> Yes <input type="checkbox"/> No
79. ORGANIZER OR PROMOTER OF EVENT (if any)	80. ADDRESS (street, city, state, zip code)	81. TELEPHONE NUMBER ()	
82. ADDRESS OF EVENT (If more than one, use line 66, above. Attach separate list, if required.)			

CERTIFICATION

All Corporate Officers, LLC Managing Members, Partners, or Owners must sign below.

I am duly authorized to sign the application and certify that the statements made are correct to the best of my knowledge and belief. I also represent and acknowledge that the applicant will be engaged in or conduct business as a seller of tangible personal property.

NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE
NAME (typed or printed)	SIGNATURE	DATE

FOR BOE USE ONLY

SECURITY REVIEW <input type="checkbox"/> BOE-598 (\$ _____) or <input type="checkbox"/> BOE-1009 REQUIRED BY _____ APPROVED BY _____	FORMS <input type="checkbox"/> BOE-8 <input type="checkbox"/> BOE-400-Y <input type="checkbox"/> BOE-162 <input type="checkbox"/> BOE-519 <input type="checkbox"/> BOE-467 <input type="checkbox"/> BOE-1241-D	PUBLICATIONS <input type="checkbox"/> PUB 73 <input type="checkbox"/> PUB DE 44 _____ _____ RETURNS _____ _____
	REGULATIONS <input type="checkbox"/> REG. 1668 <input type="checkbox"/> REG. 1698 <input type="checkbox"/> REG. 1700 <input type="checkbox"/> _____	

Where Can I Get Help?

No doubt you will have questions about how the Sales and Use Tax Law applies to your business operations. For assistance, you may take advantage of the resources listed below.

INTERNET

www.boe.ca.gov

You can log onto our website for additional information. For example, you can find out what the tax rate is in a particular county, or you can download numerous publications — such as laws, regulations, pamphlets, and policy manuals — that will help you understand how the law applies to your business. You can also verify sellers' permit numbers online, read about upcoming Taxpayers' Bill of Rights hearings, and obtain information on BOE field office addresses and telephone numbers.

Another good resource — especially for starting businesses — is the California Tax Information Center at www.taxes.ca.gov.

CLASSES

You may enroll in a basic sales and use tax class offered by some local BOE offices. You should call ahead to find out when your local office conducts classes for beginning sellers.

WRITTEN TAX ADVICE

It is best to get tax advice from the BOE in writing. You may be relieved of tax, penalty, or interest charges if we determine you did not correctly report tax because you reasonably relied on our written advice regarding a transaction.

For this relief to apply, your request for advice must be in writing, identify the taxpayer to whom the advice applies, and fully describe the facts and circumstances of the transaction.

Send your request for written advice to:
State Board of Equalization; Audit and Information Section, MIC:44; PO Box 942879, Sacramento, CA 94279-0044.

TAXPAYER INFORMATION SECTION

800-400-7115

TDD/TTY 800-735-2929

Customer service representatives are available from 8 a.m. through 5 p.m., Monday-Friday, excluding state holidays.

Faxback Service. To order fax copies of selected forms and notices, call 800-400-7115 and choose the faxback option. You can call at any time for this service.

Translator Services. We can provide bilingual services for persons who need assistance in a language other than English.

TAXPAYERS' RIGHTS ADVOCATE OFFICE

If you would like to know more about your rights as a taxpayer or if you are unable to resolve an issue with the BOE, please contact the Taxpayers' Rights Advocate office for help at 916-324-2798 (or toll-free, 888-324-2798). Their fax number is 916-323-3319.

If you prefer, you can write to: State Board of Equalization; Taxpayers' Rights Advocate, MIC:70; PO Box 942879; Sacramento, CA 94279-0070.

To obtain a copy of publication 70, *The California Taxpayers' Bill of Rights*, you may visit our website or call our Taxpayer Information Section.

FIELD OFFICES

See page 3.

Privacy Notice

Information Provided to the Board of Equalization (BOE)

We ask you for information so that the BOE can administer the state's tax and fee laws. The BOE will use the information to determine whether you are paying the correct amount of tax and to collect any amounts you owe. You must provide all information requested, including your social security number (used for identification purposes [see Title 42 U.S. Code sec.405(c)(2)(C)(i)]). A list of authorized agencies, among others, who the BOE may disclose information to, and a complete list of the California Revenue and Taxation Codes is available on our website at www.boe.ca.gov/pdf/boe324gen.pdf, then scroll to the second page.

What happens if I don't provide the information?

If your application is incomplete, the BOE may not issue your permit, certificate, or license. If you do not file complete returns, you may have to pay penalties and interest. Penalties may also apply if you do not provide other information the BOE requests or that is required by law, or if you provide fraudulent information. In some cases, you may be subject to criminal prosecution.

In addition, if you do not provide the requested information to support your exemptions, credits, exclusions, or adjustments, they may not be allowed. You may owe more tax or fees or receive a smaller refund.

Can anyone else see my information?

Your records are covered by state laws that protect your privacy. However, the BOE may share information regarding your account with specific state, local, and federal government agencies. The BOE may also share specific information with companies authorized to represent local governments.

Under some circumstances, the BOE may release the information printed on your permit, certificate, or license, such as account start and closeout dates, and names of business owners or partners, to the public. When you sell a business, the BOE may give the buyer or other involved parties information regarding your outstanding tax liability.

With your written permission, the BOE can release information regarding your account to anyone you designate.

Can I review my records?

Yes. Requests should be made in writing to your closest BOE office. A complete listing of BOE locations can be found at www.boe.ca.gov. Additional information regarding your records can be found in publication 58-A, *How to Inspect and Correct Your Records*. For a copy of this publication, go to www.boe.ca.gov or call the Taxpayer Information Section at 800-400-7115, Monday through Friday (8:00 a.m. to 5:00 p.m. Pacific time, excluding state holidays). If you need more information, you may contact the BOE's Disclosure Officer at 916-445-2918 or by writing:

Disclosure Officer, MIC:82
State Board of Equalization
PO Box 942879
Sacramento, CA 94279-0082

Who is responsible for maintaining my records?

The officials listed below are responsible for maintaining your records.

Sales and Use Tax
Board of Equalization
Deputy Director, SUTD, MIC:43
PO Box 942879
Sacramento, CA 94279-0043
800-400-7115

Property Taxes, Excise Taxes, Fuel Taxes, and Environmental Fees
Board of Equalization
Deputy Director, PSTD, MIC:63
PO Box 942879
Sacramento, CA 94279-0063
800-400-7115



Business License Research & Compliance Package

Certification Re Chapter 15 Tied-
House Restriction Form (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

CERTIFICATION RE CHAPTER 15 TIED-HOUSE RESTRICTIONS

Instructions

- Type or print clearly in black or blue ink (do not use red).
- This form is to be completed by all applicants, retail and non- retail.
- This form is used to ensure compliance with tied-house laws, which generally prohibit or restrict vertical integration. These laws prohibit vertical integration of the three levels of the alcoholic beverage industry (manufacturer, wholesaler, and retailer). (Section 25500, et seq., Business & Professions Code.)

License Applicant Name (Item 1) -- Enter the name of the license applicant. For a limited partnership, limited liability company, or a corporation, the name of the entity.

License Type (Item 2) -- Enter the numeric designation for the applied-for license (e.g., Type 21) or a description (e.g., Off-Sale General).

Premises Address (Item 3) -- Enter the location of the proposed business.

Applicant Entity (Item 4) -- Check the box for the type of business ownership.

Certification (Items 5 & 6) -- Check the boxes that apply and explain ownerships, interests, gifts or loans.

Signature (Item 7) -- Any one signature for the certifying entity is sufficient (e.g., one general partner; one corporate officer; an LLC member, if member-run; the LLC manager, if manager-run; or LLC officer, if designated).

1. LICENSE APPLICANT NAME	2. LICENSE TYPE
---------------------------	-----------------

3. PREMISES ADDRESS <i>(Street number and name, city, zip code)</i>

4. APPLICANT ENTITY
<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> CORPORATION

5. CERTIFICATION

Retail License Applicant

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does does not hold any ownership or interest, directly or indirectly, in the business, property, license, or management of any alcoholic beverage producer, rectifier, importer, or wholesaler, in California or elsewhere.

Non-Retail License Applicant

- The above applicant, and/or any entity or person holding any direct or indirect ownership, management, or other interest in the applicant, and/or any entity or person in which the applicant holds any direct or indirect ownership, management, or other interest (including loans, loan guarantees and other indebtedness):
- does does not hold any ownership, directly or indirectly, in any retail license, or in the premises upon which such retail license is located, or in the furniture, fixtures or equipment in such business.
- is is not an agent or employee of a retail licensee.
- has has not furnished, given or loaned any money or other thing of value, directly or indirectly, to a retail licensee, or guaranteed the repayment of any loan or obligation owed by such retail licensee.
- does does not have an interest in the manufacture, importation, or distribution of distilled spirits products in California or elsewhere.

6. EXPLAIN DETAILS IF YOU CHECKED "IS", "DOES" OR "HAS" IN ITEM 5.

I have read all of the above information and certifications and declare under penalty of perjury they are true, correct, and complete.

7. PRINTED NAME OF PERSON SIGNING FORM	TITLE	SIGNATURE	DATE SIGNED
		X	



Business License Research & Compliance Package

Financial Affidavit (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

Department of Alcoholic Beverage Control
INDIVIDUAL FINANCIAL AFFIDAVIT

State of California
 ARNOLD SCHWARZENEGGER, Governor

Refer to Form ABC-208-A instructions for who must complete this form.

1. NAME (Last, first, middle)	2. PREMISES ADDRESS (Street number and name, city, zip code)	
3. MY TOTAL CONTRIBUTION IS \$	4. MY CASH CONTRIBUTION IS \$	
5. SOURCE OF FUNDS (Explain fully)	Source 1	Source 2 (If more than one source)
<i>A. Savings/Checking/Stock Accounts</i>		
Financial Institution Name		
Financial Institution Address		
Account Type		
Account Number		
Persons Authorized to Sign (Print)		
Amount Being Invested	\$	\$
Source of This Money		
<i>B. Loans (e.g., loans from financial institutions, individuals, etc.)</i>		
Date of Loan		
Amount of Loan	\$	\$
Term(s)		
Security		
Lender(s)		
Occupation of Lender(s)		
<i>C. Sale of Property (e.g., Real estate or personal such as vehicles, jewelry, etc.)</i>		
Type of Property		
Address of Property		
Date Sold		
Buyer's Name		
Net Proceeds	\$	\$
<i>D. Other Source of Funds (Inheritance, lawsuit settlements, gifts, etc.)</i>		
Source(s)		

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my bookkeeper. ***I have read all of the above and declare under penalty of perjury that each and every statement is true and correct.***

6. AFFIANT SIGNATURE		
7. DATE SIGNED	8. PLACE SIGNED	9. ATTEST (ABC employee or Notary Public)



Business License Research & Compliance Package

Individual Personal Affidavit Form
(State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

INDIVIDUAL PERSONAL AFFIDAVIT

Instructions: This form must be completed by: sole owners and their spouses; each general partner and their spouses; officers of a corporation and a majority of the board of directors; persons holding 10% or more of the capital or stock of a corporation and their spouses; persons holding 10% or more of the capital or stock of a limited liability company or limited partnership.

FINGERPRINTING (ABC USE ONLY)
 Active Livescan
 Date: _____

If Item #23b is checked, you must complete Form ABC-208-B, Financial Affidavit.

1. FIRST NAME	MIDDLE NAME	LAST NAME	2. PREVIOUS NAME(S) (Include maiden name, aka, alias)
---------------	-------------	-----------	---

3. PREMISES ADDRESS	4. PREMISES TELEPHONE NUMBER
---------------------	------------------------------

5. HOME ADDRESS	6. HOME TELEPHONE NUMBER
-----------------	--------------------------

7. SOCIAL SECURITY NUMBER	8. DRIVER'S LICENSE OR ID NUMBER	9. STATE WHERE DL OR ID ISSUED	10. WORK OR CELL TELEPHONE NUMBER
---------------------------	----------------------------------	--------------------------------	-----------------------------------

11. PERSONAL DATA <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
--	--------	--------	-----------	------------

12. BIRTHDATE	13. BIRTHPLACE (City, State, Country)	14. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Registered Partner		
---------------	---------------------------------------	---	--	--

15. SPOUSE'S/REGISTERED PARTNER'S NAME (Last, first, middle) (Include alias)	16. MARRIAGE DATE	17. MARRIAGE PLACE (City, State)
--	-------------------	----------------------------------

18. I AM OR WILL BE

<input type="checkbox"/> Sole Owner	<input type="checkbox"/> General Partner	<input type="checkbox"/> Food Lessee	<input type="checkbox"/> Officer	Title: _____
<input type="checkbox"/> Spouse/Registered Partner	<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Director	<input type="checkbox"/> LLC Member/Managing Member	
<input type="checkbox"/> Partner	<input type="checkbox"/> Manager	<input type="checkbox"/> Stockholder		

19. Do you now have any direct, or indirect, interest in any other alcoholic beverage business, or have you ever been an alcoholic beverage licensee or an officer or director of a corporate licensee in or outside of California? Yes No

IF YES, EXPLAIN (List License number and/or premises address)

20. Have you as an individual, a partner, or while an officer, director, or stockholder of a corporation ever had an alcoholic beverage license denied, suspended, revoked, or an offer in compromise accepted or rejected? Yes No

IF YES, EXPLAIN

21. EMPLOYMENT HISTORY (Past five years - include unemployed, student, homemaker, etc. Use additional sheets if needed.)

FROM (MONTH/YEAR)	TO (MONTH/YEAR)	JOB TITLE	COMPANY NAME AND CITY

22. Have you ever, anywhere or at any time, (1) forfeited bail, (2) been convicted, (3) fined, or (4) placed on probation for any violation of the law? (5) Are you now actively being prosecuted for a criminal offense?
(If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in expungement, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under age 18 years, has been issued. If no order has been issued, the answer must be "Yes.") Yes No

ARREST DATE	PLACE OF ARREST	OFFENSE	RESULT/DISPOSITION

23. FINANCIAL CONTRIBUTION TO THE BUSINESS (If Box B is checked, complete Form ABC-208-B)

<input type="checkbox"/> A. I am not making a contribution in any form	<input type="checkbox"/> C. I am contributing labor/expertise only
<input type="checkbox"/> B. I am making a financial contribution	<input type="checkbox"/> D. Same as the affidavit of _____

I have read all of the above and declare under penalty of perjury that each and every statement is true, correct and complete.

AFFIANT SIGNATURE	TITLE
DATE SIGNED	ATTEST (ABC EMPLOYEE OR NOTARY PUBLIC)



Business License Research & Compliance Package

Licensed Premises Diagram (Retail)
Form (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

Department of Alcoholic Beverage Control
PLANNED OPERATION (RETAIL)

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET
--	-------------------------

5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	

<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY	7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____	8. PREMISES IS LOCATED IN <input type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units
--------------------	---	---

9. FOOD SERVICE <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input type="checkbox"/> No	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--	--	--

14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pizza/Pasta _____	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____	16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: _____ To: _____ LUNCH HOURS From: _____ To: _____ DINNER HOURS From: _____ To: _____
--	--	--

17. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterick (*) below)

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description: _____

19. PREMISES IS LOCATED ON <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____	20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories: _____
---	--

21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. FIXED BARS? <input type="checkbox"/> Yes - how many: _____ <input type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES?
--	---	--

FOR ABC USE ONLY

24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)	25. DATE ENTERED INTO CABIN
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Business License Research & Compliance Package

Limited Liability Company
Questionnaire Form (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

LIMITED LIABILITY COMPANY QUESTIONNAIRE

Instructions: An individual managing member or designee may sign on behalf of the limited liability company. Attach a copy of original operating agreement and all amendments.

1. LIMITED LIABILITY COMPANY NAME		2. TELEPHONE NUMBER	
3. PREMISES ADDRESS <small>(Street number and name, city, zip code)</small>			
4. COMPANY HEADQUARTERS ADDRESS <small>(Street number and name, city, state, zip code)</small>		5. HEADQUARTERS TELEPHONE NUMBER	
6. COMPANY ATTORNEY'S NAME		7. ATTORNEY'S TELEPHONE NUMBER	
8. COMPANY ATTORNEY'S ADDRESS <small>(Street number and name, city, state, zip code)</small>			
9. DATE LLC-1 FILED WITH SECRETARY OF STATE	10. STATE WHERE LLC-1 FILED WITH SECRETARY OF STATE	11. STATE WHERE LLC FORMED	12. ARTICLES OF ORGANIZATION (LLC-2 OR LLC-10) HAS BEEN AMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO
13. OPERATING AGREEMENT DATE		14. LAST AMENDMENT DATE	
15. The Limited Liability Company will be managed by (check one) <input type="checkbox"/> One Manager <input type="checkbox"/> More than one Manager <input checked="" type="checkbox"/> Members <input type="checkbox"/> Single Member			
16. NAME OF MANAGER(S)			
MANAGER PRINTED NAME		MANAGER PRINTED NAME	
MANAGER PRINTED NAME		MANAGER PRINTED NAME	
17. NAME OF OFFICERS AUTHORIZED BY ARTICLES OR AGREEMENT			
OFFICER PRINTED NAME		OFFICER PRINTED NAME	
OFFICER PRINTED NAME		OFFICER PRINTED NAME	
18. LIST ALL MEMBERS			
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
MEMBER'S PRINTED NAME		PERCENTAGE OF OWNERSHIP	EFFECTIVE DATE
I hereby certify that the above are the present managers, officers, and members of the limited liability company and that each such manager, officer, and member is the real party in interest with respect to his or her position and is not acting, directly or indirectly as an agent, employee or representative of any other person not reported to the Department. The provisions of sections 23405.2 and 23405.3 of the Business and Professions Code are hereby acknowledged and it is understood that changes within the limited liability company and/or entities holding interest in the limited liability company will be reported to the Department as required.			
19. SIGNATURE OF MANAGER OR DESIGNEE		PRINTED NAME	DATE SIGNED

(Use reverse for additional names if needed)



Business License Research & Compliance Package

Registration For Commercial Employers (DE 1) (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address


Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

This form will be the basic record of YOUR Account.
DO NOT FILE FORM UNTIL YOU HAVE PAID WAGES THAT EXCEED \$100.00 IN CALENDAR QUARTER.
 Please read **INSTRUCTIONS** on page 2 before completing form. **PLEASE PRINT OR TYPE in BLUE OR BLACK INK ONLY.**
 Return form to 

EMPLOYMENT DEVELOPMENT DEPARTMENT
 ACCOUNT SERVICES GROUP, MIC 28
 P.O. BOX 826880
 SACRAMENTO CA 94280-0001
 (888) 745-3886 FAX (916) 654-9211
www.edd.ca.gov

REGISTRATION FORM FOR COMMERCIAL EMPLOYERS See page 2 for registration instructions for other business types.

EDD ACCOUNT NUMBER		Dept. Use Only:	QUARTER		ONLINE PROCESS DATE	TAS CODE
A. LIST NAMES OF: OWNER(S), PARTNER(S) *, CORP OFFICERS, OR LLC/LLP Members/Managers/Officers		TITLE	PERCENT OF OWNERSHIP	SOCIAL SECURITY #	CALIFORNIA DRIVER'S LIC #	
<i>Note: If entity is a Limited Partnership, indicate General Partner with an (*). List additional partners, LLC/LLP members/officers/managers on a separate sheet.</i>						
B. BUSINESS NAME: (If none, enter N/A)			C. DATE OWNERSHIP BEGAN OPERATING: MM __ DD __ YYYY		D. FEDERAL TAX ID #:	
E. CORPORATION / LLC / LLP/LP NAME: (If none, enter N/A)					E1. SECRETARY OF STATE CORP / LLC / LLP ID #	
F. PHYSICAL BUSINESS LOCATION: (Number and Street, not P.O. Box)		CITY	STATE	ZIP CODE	PHONE NUMBER	
G. MAILING ADDRESS: (P.O. Box / Number and Street, only if different than F)		CITY	STATE	ZIP CODE	PHONE NUMBER	
<i>Note: If you have multiple CA locations, please attach the physical business addresses on a separate sheet of paper.</i>						
H. INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100: <input type="checkbox"/> Jan-Mar 20__ <input type="checkbox"/> Apr-Jun 20__ <input type="checkbox"/> Jul-Sept 20__ <input type="checkbox"/> Oct-Dec 20__						
I. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH EDD: <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete J.			J. FORMER EDD ACCOUNT NUMBER(S): _____ BUSINESS NAME: _____ ADDRESS: _____			
<small>NOTE: If necessary, please provide additional information on a separate sheet.</small>						
K. THIS IS A: <input type="checkbox"/> New Business <input type="checkbox"/> Hired Employees <input type="checkbox"/> Purchased a Business ** <input type="checkbox"/> Other (Specify) _____						
<small>** If business was purchased, mark appropriate box and complete the information below.</small> <input type="checkbox"/> All <input type="checkbox"/> Part						
1. Previous Owner	2. Previous Business Name	3. Previous EDD Account #	4. Purchase Price	5. Date of Transfer		
<small>Note: For all other changes in form/ownership to your account, please use the Change of Employer Account Information (DE 24).</small>						
L. NUMBER OF CA EMPLOYEES: _____ <small>See page 2 for information on CA employees.</small>		M. EMPLOYEE IS: <input type="checkbox"/> Spouse <input type="checkbox"/> Minor Child (Under 18) <input type="checkbox"/> Employer's Parent <small>If Yes to any of the above, please refer to instructions on page 2.</small>				
N. ORGANIZATION TYPE:						
<input type="checkbox"/> Individual Owner		<input type="checkbox"/> Limited Partnership		<input type="checkbox"/> Estate Administration		
<input type="checkbox"/> Co-Ownership		<input type="checkbox"/> Association		<input type="checkbox"/> Trusteeship		
<input type="checkbox"/> General Partnership		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Joint Venture		
<input type="checkbox"/> Corporation		<input type="checkbox"/> Limited Liability Partnership		<input type="checkbox"/> Receivership		
<input type="checkbox"/> Bankruptcy		<input type="checkbox"/> Liquidation		<input type="checkbox"/> Other (Specify) _____		
O. EMPLOYER TYPE:		P. INDUSTRY ACTIVITY: Check the industry, product, or service that represents the greatest portion of your sales or revenue:				
<input type="checkbox"/> COMMERCIAL		<input type="checkbox"/> Services		<input type="checkbox"/> Retail		<input type="checkbox"/> Wholesale
<input type="checkbox"/> PACIFIC MARITIME		<input type="checkbox"/> Temp Services		<input type="checkbox"/> Leasing Employer		<input type="checkbox"/> Manufacturing
<input type="checkbox"/> FISHING BOAT		<input type="checkbox"/> Professional Employer Organization				
		<input type="checkbox"/> Other (Specify) _____				
Also, describe specific product and/or service in detail: _____						
Q. CONTACT PERSON FOR BUSINESS:		TITLE/COMPANY NAME	ADDRESS		DAYTIME PHONE NUMBER	
R. DECLARATION						
I certify under penalty of perjury that the above information is true, correct and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.						
Signature: _____			Title: _____			
<small>(Owner, Corporate Officer, Partner, LLC/LLP Member/Manager, or authorized Agent)</small>						
Printed Name: _____		Phone Number: _____		Date: _____		

INSTRUCTIONS FOR REGISTRATION FORM FOR COMMERCIAL EMPLOYERS

An employer is required by law to file a registration form with the Employment Development Department (EDD) within fifteen (15) days after paying over \$100 in wages for employment in a calendar quarter. Please complete the registration process by doing one of the following:

- Register online from EDD's e-Services at <https://eddservices.edd.ca.gov> or
- Mail your completed registration form to EDD, Account Services Group (ASG) MIC 28, P.O. Box 826880, Sacramento, CA 94280-0001 or
- Fax your completed registration form to EDD at (916) 654-9211 or
- Call for telephone registration at (916) 654-8706
- If you are already registered and have a change in form or ownership, please complete a *Change of Employer Account Information* (DE 24).
- Attach additional sheets if your information will not fit in the space provided.

Industry specific registration forms for Agricultural, Government/Schools/Indian Tribes, Household Workers, Nonprofit, or Personal Income Tax Only, are available online at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Forms.

NEED MORE HELP OR INFORMATION?

- If you have questions regarding this form or the registration account number and assignment process and about whether your business entity is subject to reporting and paying State payroll taxes, you may visit our Web Site at www.edd.ca.gov/Payroll_Taxes/Reporting_Requirements.htm. You may also call our Taxpayer Assistance Center at 888-745-3886. For TTY (nonverbal) access, call 800-547-9565. Outside U.S. or Canada, call (916) 464-3502.
- EDD provides seminars and other educational opportunities for taxpayers to learn how to report employees' wages and pay taxes, pointing out the pitfalls that create errors and unnecessary billings. Visit our Web site at www.edd.ca.gov/Payroll_Tax_Seminars/ or call us at 888-745-3886 for more information.
- Access the EDD Web site at www.edd.ca.gov.

- A. **LIST INDIVIDUAL OWNER(S), PARTNER(S), CORPORATE OFFICER(S), OR LLC/LLP Members/Managers/Officers** – Enter name, title, percent of ownership, social security number, and California driver's license number of each individual.
- B. **BUSINESS NAME** – Enter name by which your business is known to the public. Enter "N/A" if business name is not different from Box A.
- C. **OWNERSHIP BEGAN** – Enter date the new ownership began operating.
- D. **FEDERAL TAX NUMBER** – Enter Federal Employer Identification Number. If not assigned, enter "Applied For."
- E. **CORPORATION/LLC/LLP/LP NAME** – Enter Corporation/LLC/LLP/LP name exactly as spelled and registered with the Secretary of State.
E1. **SECRETARY OF STATE CORP/LLC/LLP ID NUMBER** – Enter the California Corporate/LLC/LLP/LP identification number.
- F. **PHYSICAL BUSINESS LOCATION** – Enter the California street address (not PO Box) and telephone number where business is physically conducted. If you have multiple California locations, please attach the physical business addresses on a separate sheet of paper.
- G. **MAILING ADDRESS** – Enter mailing address where EDD correspondence and forms should be sent. Provide daytime telephone number.
- H. **INDICATE FIRST QUARTER & YEAR WAGES EXCEEDED \$100** – Check the appropriate box for the quarter in which you first paid over \$100 in wages. These wages are subject to Unemployment Insurance, Employment Training Tax, and State Disability Insurance withholdings.
- I. **PRIOR REGISTRATION** - If any part of the ownership shown in items A, B, or E are operating or have ever operated a business at another location, check "Yes" and provide account number, business name, and address in box J.
- J. **FORMER BUSINESS INFORMATION** – If "Yes" is checked in box I, provide former EDD account number, business name, and address.
- K. **STATUS OF BUSINESS** – Check the box that best describes why you are completing this form. If the business was purchased, provide previous owner and business name, EDD account number, purchase price, and date ownership was transferred to this ownership.
- L. **NUMBER OF CALIFORNIA EMPLOYEES** – Enter the number of workers who are considered to be California employees. Refer to Information Sheet: *Employment* (DE 231) and Information Sheet: *Multi-State Employment* (DE 231D) on our Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Publications for additional information.
- M. **FAMILY EMPLOYEES** – Refer to Information Sheet: *Family Employment* (DE 231FAM) and Information Sheet: *Specialized Coverage* (DE 231SC) on our Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm#Publications for additional information.
- N. **ORGANIZATION TYPE** – Check box that best describes the legal form of the ownership shown in items A, B, or E. Co-ownership is defined as husband/wife, spouse, or registered domestic partners. If other, please specify.
- O. **EMPLOYER TYPE** – Check box that best describes your employer type.
- P. **INDUSTRY ACTIVITY** – Check box that best describes the industry activity of your business. Describe the particular product or service in detail. This information is used to assign an Industrial Classification Code to your business. If you would like more information on industry coding or the North American Industry Classification System (NAICS), you can visit the Web site at www.census.gov/epcd/www/naics.html.
- Q. **CONTACT PERSON FOR BUSINESS** – Enter the name, title/company name, address, and daytime telephone number of the person authorized by the ownership shown in items A or B to provide EDD staff information needed to maintain the accuracy of your employer account.
- R. **DECLARATION** – This declaration must be signed by an individual having the authority to sign on behalf of the business.

We will notify you of your **EDD Account Number** by mail. To help you understand your tax withholding and filing responsibilities, you will be sent a **California Employer's Guide (DE 44)**. Please keep your account status current by completing a **Change of Employer Account Information (DE 24)** for all future changes to the original registration information. The DE 44 and DE 24 can be accessed through our Web site at www.edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm.



Business License Research & Compliance Package

Statement Re: Consideration Points
(State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

STATEMENT RE: CONSIDERATION POINTS

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, parks, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

1. APPLICANT NAME _____

2. PREMISES ADDRESS (Street number and name, city, zip code) _____

3. FACILITY NAME/ADDRESS	DEPARTMENT USE ONLY				
	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				
9.	<input type="checkbox"/>	<input type="checkbox"/>		FT.	
	NAME				

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of the application for the license, or, if the license is issued in reliance upon information in this statement which is omitted, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE _____ DATE SIGNED _____



Business License Research & Compliance Package

Statement Re: Residences (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

Department of Alcoholic Beverage Control
STATEMENT RE: RESIDENCES
(Rule 61.4)

State of California
 ARNOLD SCHWARZENEGGER, Governor

Applicant: Please complete left side of form, then sign. List addresses of all residences within 100 feet of your proposed premises. If there are none, write "None." Measure all distances by direct line from the closest edge of the residential structure to the closest edge of your structure or parking lot, whichever is closer. Your "parking lot" includes any area that is maintained for the benefit of your patrons or operated in conjunction with your premises. Continue on reverse if needed.

1. APPLICANT NAME _____

2. PREMISES ADDRESS (Street number and name, city, zip code) _____

3. RESIDENCES WITHIN 100'	DEPARTMENT USE ONLY				
	LTR	PERS	DATE	DISTANCE	SEPARATION FACTORS
1.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
2.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
3.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
4.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
5.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
6.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
7.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				
8.	<input type="checkbox"/>	<input type="checkbox"/>		ft.	
	NAME				

NON-INTERFERENCE (For Department Use Only) _____

I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of application for the license, or if the license is issued in reliance upon information in this statement which is offered, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.

4. APPLICANT SIGNATURE _____ DATE SIGNED _____

INFORMATION AND INSTRUCTIONS

Rule 61.4, Chapter 1, Title 4, California Code of Regulations states:

No original issuance of a retail license or premises-to-premises transfer of a retail license shall be approved for premises at which either of the following conditions exist:

- (a) The premises are located within 100 feet of a residence.
- (b) The parking lot or parking area which is maintained for the benefit of patrons of the premises, or operated in conjunction with the premises, is located within 100 feet of a residence. Where the parking lot is maintained for the benefit of patrons of multiple businesses in the vicinity of the premises, the parking area considered for the purpose of this rule shall be determined by the area necessary to comply with the off-street parking requirements as mandated by the local ordinance, or if there are no local requirements for off-street parking, then the area which would reasonably be necessary to accommodate the anticipated parking needs of the premises, taking into consideration the type business and operation contemplated.

Distances provided for in this rule shall be measured by airline from the closest edge of any residential structure to the closest edge of the premises or the closest edge of the parking lot or parking area, as defined herein above, whichever distance is shorter.

This rule does not apply where the premises have been licensed and operated with the same type license within 90 days of the application.

Notwithstanding the provisions of this rule, the department may issue an original retail license or transfer a retail license premises-to-premises where the applicant establishes the operation of the business would not interfere with the quiet enjoyment of the property by residents.

A residence is defined as a place where people actually live, such as a single family home, condo, residential hotel or motel, or mobile home.

A determination must be made as to whether or not your proposed premises is located in an area as described above. In order to make such determination, it will be necessary for you to complete the front of this form, to be submitted at the time you file a formal application.

If you can establish that your business will not disturb the residents, your license may be issued subject to appropriate conditions.



Business License Research & Compliance Package

Supplemental Diagram Form (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

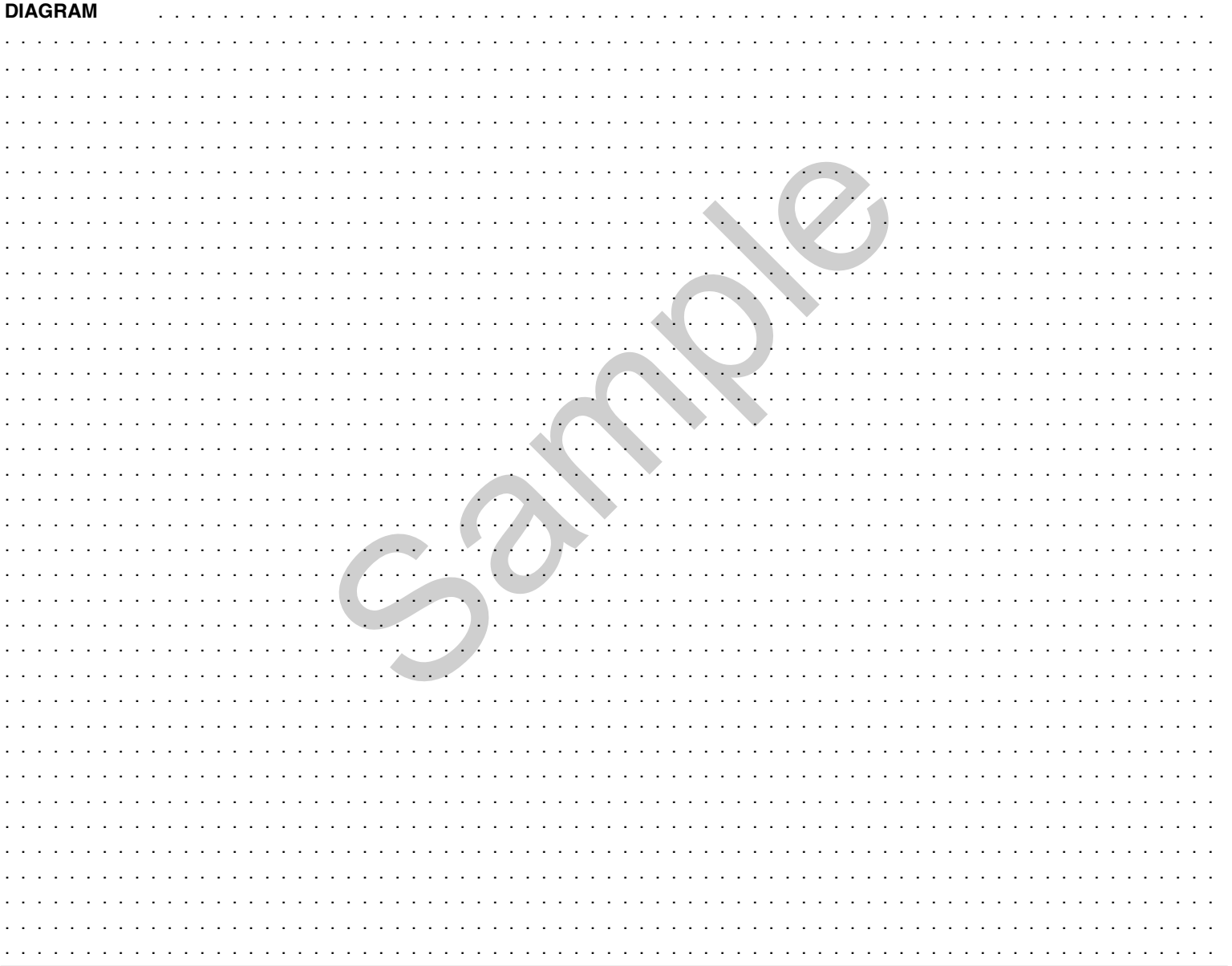
Information pertaining to this form

SUPPLEMENTAL DIAGRAM

Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. *If this is an event for a daily license, catering authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License, Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.*

1. APPLICANT NAME (Last, first, middle)	2. LICENSE TYPE
3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET



I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
---------------------	-------------

FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
-------------------------------	--------------	-----------------



Business License Research & Compliance Package

Zoning Affidavit (State, CA)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

Instructions to the Applicant: Complete Items 1 - 14. Sign and date the form and submit it to ABC.

1. APPLICANT(S) NAME (Last, first, middle)		
2. PREMISES ADDRESS (Street number and name, city, zip code)	3. PARCEL NUMBER OF PROPERTY (Obtain from County Assessor's Office)	
4. TYPE OF LICENSE APPLIED FOR	5. UPGRADE OF LICENSED PRIVILEGES <input type="checkbox"/> Yes <input type="checkbox"/> No	6. CURRENT LICENSE TYPE AT THIS LOCATION, IF ANY
7. TYPE OF BUSINESS (i.e., restaurant, mini-mart, gas station, etc.)		8. ARE THE PREMISES INSIDE THE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No

For answers to Questions 9 - 14, contact your local city OR county planning department (if inside the city limits, contact city planning; if outside, contact county planning).

9. HOW ARE APPLICANT PREMISES ZONED? STATE TYPE (i.e., "C" commercial, "R" residential, etc.)		
10. DOES ZONING PERMIT INTENDED USE? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. IS A CONDITIONAL USE PERMIT (C.U.P.) NEEDED? (If yes, please attach copy of receipt or C.U.P.) <input type="checkbox"/> Yes <input type="checkbox"/> No	12. IF YES, DATE YOU FILED APPLICATION FOR C.U.P.
13. NAME OF PLANNER CONTACTED AT PLANNING DEPARTMENT		14. PLANNER'S PHONE NUMBER ()

Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge.

15. APPLICANT'S SIGNATURE (One signature will suffice)	16. DATE SIGNED
--	-----------------

FOR DEPARTMENT USE ONLY

<input type="checkbox"/> C.U.P. Approved	IF APPROVED, EFFECTIVE DATE	FILE NUMBER
<input type="checkbox"/> C.U.P. Denied	DATE DENIED	

GENERAL INFORMATION

•Section 23790 of the Business and Professions Code says that ABC may not issue a retail license contrary to a valid zoning ordinance. This form will help us determine whether your proposed business is properly zoned for alcoholic beverage sales.

•A conditional use permit (CUP) (Item 11) is a special zoning permit granted after an individual review of proposed land-use has been made. CUP's are used in situations where the proposed use may create hardships or hazards to neighbors and other community members who are likely to be affected by the proposed use. The ABC district office will not make a final recommendation on your license application until after the local CUP review process has been completed. If the local government denies the CUP, ABC must deny your license application.

23790. Zoning ordinances. No retail license shall be issued for any premises which are located in any territory where the exercise of the rights and privileges conferred by the license is contrary to a valid zoning ordinance of any

Premises which had been used in the exercise of those rights and privileges at a time prior to the effective date of the zoning ordinance may continue operation under the following conditions:

(a) The premises retain the same type of retail liquor license within a license classification.

(b) The licensed premises are operated continuously without substantial change in mode or character of operation.

For purposes of this subdivision, a break in continuous operation does not include:

(1) A closure for not more than 30 days for purposes of repair, if that repair does not change the nature of the licensed premises and does not increase the square footage of the business used for the sale of alcoholic beverages.

(2) The closure for restoration of premises rendered totally or partially inaccessible by an act of God or a toxic accident, if the restoration does not increase the square footage of the business used for the sale of alcoholic beverages.



Business License Research & Compliance Package

Food Facility Plan Check Application
(County, San Diego)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH FOOD AND HOUSING DIVISION FOOD FACILITY PLAN CHECK APPLICATION

www.sdcdeh.org



MAIN OFFICE SAN DIEGO
1255 IMPERIAL 3rd Floor
SAN DIEGO, CA 92101

NORTH COUNTY
151 E.CARMEL ST
SAN MARCOS, CA 92078

(For office use only)
 PLAN CHECK #: _____
 INTAKE DATE: _____
 AMT PAID: _____
 CHECK # _____

PART I

FACILITY BUSINESS AND CONTACT INFORMATION

<input type="checkbox"/> NEW/TI	<input type="checkbox"/> REMODEL	<input type="checkbox"/> CONVERSION	<input type="checkbox"/> MOBILE	<input type="checkbox"/> CONSULTATION	<input type="checkbox"/> REVISION	<input type="checkbox"/> OTHER _____
---------------------------------	----------------------------------	-------------------------------------	---------------------------------	---------------------------------------	-----------------------------------	--------------------------------------

Facility Name _____ Assessor's Parcel No. _____
 Facility Address _____ City _____ Zip _____

BUSINESS OWNER:
 Name _____ Company _____
 Mailing Address _____ City _____ State _____ Zip _____
 Phone () _____ Fax () _____ E-Mail _____

DESIGNER/CONTRACTOR:
 Name _____ Company _____
 Mailing Address _____ City _____ State _____ Zip _____
 E-Mail Address _____ State Contractor's License if applicable _____
 Contact Person _____ Contact Phone () _____
 Contact Fax () _____ Contact E-Mail Address _____

FACILITY INFORMATION

<input type="checkbox"/> Unpackaged Food Prep	<input type="checkbox"/> 100% Prepackaged Only	<input type="checkbox"/> Limited (MFF/SFS)	<input type="checkbox"/> Wholesale Processing
---	--	--	---

For Permanent Food Facilities

Total Square Feet of Facility: _____ Projected Date for Completion: _____ Total # Staff: _____

Max. Number of Food Employees per Shift: 1-10 11-25 26-100 100+ Seating: 0 1-20 21-50 51-100 101+

Anticipated Max # Meals to be Served: _____ Breakfast _____ Lunch _____ Dinner Customer Utensils: Single Service Multi-service

Is there outdoor dining, outdoor bar, barbecue, wood oven etc. associated with the food facility? Yes No If yes, explain: _____

Is this facility within a Food Court Yes No-If so is the facility enclosed Yes No Explain _____

Are sneeze guards required? Yes No-If yes plans must indicate details of the sneeze guard and location. _____

Grease Trap/Interceptor required: Yes No; If yes indicate location _____

Employees Restrooms _____; Public Access? Yes No Will alcohol be served and consumed on site? Yes No

SEWER: Public- Septic/ Private **WATER:** Public- Well/ Private (If private contact Land Use at (858) 565-5173)
 Identify the municipal water and wastewater district(s) _____

COMPLETE PART II

PART II

SUBMIT THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION. Applications will not be processed until all required documents are received and all fees are paid.

- 1) Plans must be submitted to a stated scale (i.e., 1/4" per ft.) and done in a professional manner. The minimum size is 11" x 17". A total of three (3) sets are required. An Environmental Health Note section must be on plans.
- 2) Proposed menu (Including seasonal, off-site and catering menus).
- 3) Finish schedule of interior finishes.
- 4) Plumbing layout showing type and location of equipment with drains, floor sinks and plumbing schedule.
- 5) Equipment schedule showing type, manufacturer, and model numbers.
- 6) Floor plan layout. All equipment shall be clearly labeled on the plan with its common name.
- 7) Manufacturer specification sheets "cut sheets" for equipment shown on the plan.
- 8) Complete exhaust ventilation plans (HVAC), including restroom ventilation and kitchen exhaust system plans.
- 9) All existing equipment and finishes must be defined.
- 10) Site plan showing the location of restrooms, mop basin, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).
- 11) Written legal agreement for shared restrooms or common restrooms not located within the establishment.
- 12) If there are open or continuous doors, then the food prep areas must be shown as completely enclosed.
- 13) For unenclosed (non-occupied) Mobile Food Facilities (MFF), operational procedures for food handling and the cleaning and sanitizing of food-contact surfaces, food equipment and utensils.
- 14) MFF commissary agreement letter, if available at that time, shall accompany the plans (otherwise to be submitted upon application for the operational health permit.)

TYPE OF OPERATION (check all that apply)

<input type="checkbox"/> Kitchen (Hood Ventilation)	<input type="checkbox"/> Kitchen (No hood)	<input type="checkbox"/> Buffet or salad bar
<input type="checkbox"/> Ventless cooking-2 exempt max	<input type="checkbox"/> Institution	<input type="checkbox"/> Tableside / display cooking
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Take out only	<input type="checkbox"/> Hospital/Licensed care facility
<input type="checkbox"/> Fast food	<input type="checkbox"/> Catering	<input type="checkbox"/> Lodging facility
<input type="checkbox"/> Bar	<input type="checkbox"/> Mobile vendor	<input type="checkbox"/> Galley
<input type="checkbox"/> Deli	<input type="checkbox"/> School	<input type="checkbox"/> Commissary/Vending HQ

Grocery Related

<input type="checkbox"/> Market	<input type="checkbox"/> Produce processing	<input type="checkbox"/> Shellfish storage
<input type="checkbox"/> Raw Meat	<input type="checkbox"/> Smoked fish	<input type="checkbox"/> Wholesale food distribution warehouse
<input type="checkbox"/> Seafood / fish	<input type="checkbox"/> Bakery	<input type="checkbox"/> Commissary
<input type="checkbox"/> Deli	<input type="checkbox"/> Sushi prep	<input type="checkbox"/> Ice production / packaging
<input type="checkbox"/> Produce	<input type="checkbox"/> Self-service bulk items	<input type="checkbox"/> Self-service baked goods

OTHER AGENCIES: BLDG DEPARTMENT FIRE DEPARTMENT ZONING WATER/WASTEWATER DISTRICTS APCD DEH-LWQ

(NOTE: If you are the business owner and an honorably discharged veteran you may be eligible for a fee exemption.)

I declare under penalty of perjury that to the best of my knowledge and belief, the description of use and information contained on this application and plans are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this review and the operation of this business. I also agree to conform to all conditions, orders, and directions, issued pursuant to the California Health and Safety Code, and all applicable County and City Ordinances. I understand that if the plans are incomplete due to a lack of any of the required information, the plans will be rejected and upon resubmission, a plan recheck fee will be charged. I am aware that plan check fees are not fully refundable and that plans, once reviewed, will be picked up within 60 days or they will be discarded. Plans are valid for one year after stamp. Any changes to the released documents will be submitted and filed with the County of San Diego, Department of Environment Health.

Authorized Signature _____ Date _____

Print Name and Title Here _____

(For office use only)

PLAN CHECK #/TYPE: _____ PERMIT NUMBER/TYPE: _____ CENSUS TRACT: _____

ASSIGNED TO: _____ ROUTE CODE: _____

PLAN STATUS APPROVED DISAPPROVED RED TAG; PC INITIALS _____ REVIEW DATE _____

RECHECK STATUS APPROVED DISAPPROVED RED TAG; PC INITIALS _____ RECHECK DATE _____

DATE APPROVED _____



Business License Research & Compliance Package

Health Permit Application (County, San Diego)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

COUNTY OF SAN DIEGO
 DEPARTMENT OF ENVIRONMENTAL HEALTH
 P.O. BOX 129261
 SAN DIEGO, CA 92112-9261
 (619) 338-2222

EL CAJON OFFICE
 200 E. MAIN, 6TH FLOOR
 EL CAJON, CA 92020
 (619) 441-4030

SAN MARCOS OFFICE
 151 CARMEL ST.
 SAN MARCOS, CA 92078
 (760) 471-0730

SAN DIEGO OFFICE
 1255 IMPERIAL AVE.
 SAN DIEGO, CA 92101
 (619) 338-2222

- For Office Use Only -

Establishment #	Location Code		Business Code	Units	Annual Fee	Expiration	
	Census Tract	Inc.				Month	Day

APPLICATION FOR PUBLIC HEALTH PERMIT

1. OWNER (Please Print) First Name Middle Last Name	2. BUSINESS PHONE Area Code () 2a. FAX #:
--	---

3. ADDRESS OF ESTABLISHMENT or HEADQUARTERS/COMMISSARY Street Number Street Name City Zip Code
--

4. MAILING ADDRESS (if different from above) Street Number Street Name City Zip Code
--

5. NAME OF ESTABLISHMENT	6. TYPE OF ESTABLISHMENT
--------------------------	--------------------------

7. REASON FOR APPLICATION (Check one): <input type="checkbox"/> Reopen <input type="checkbox"/> New <input type="checkbox"/> Change of Owner <input type="checkbox"/> Additional Decals/Units	8. NUMBER OF PEOPLE WORKING: (Food Establishment Only)
	9. NAME OF PREVIOUS OWNER:

10. INDICATE NUMBER OF UNITS (if applicable) Housing Units Pools Trucks Vending Machines Mobile Home Lots <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	11. DATE YOU START/ASSUME BUSINESS: Month Date Year
--	--

12. TYPE OF ORGANIZATION (Check one) A. SINGLE OWNER <input type="checkbox"/> B. PARTNERSHIP <input type="checkbox"/> C. CORPORATION <input type="checkbox"/>	13. ASSESSOR'S PARCEL NO. _____ DRIVER'S LICENSE NO. _____ (COPY ATTACHED) FOOD VENDING VEHICLE LICENSE NUMBER(S) _____	14. COMPUTATION OF PERMIT FEE A. BASIC FEE Basic No. Units \$
		B. ADDITIONAL UNIT FEE No. @ \$ \$
		C. SUBTOTAL (Sum of A & B) \$
		D. PENALTY FOR LATE PAYMENT NOTE: Mobile Home Parks as follows: 10% after Feb. 1, and 100% after March 1. \$
		E. TOTAL AMOUNT DUE \$

IF "B" or "C" LIST PARTNERS OR OFFICERS and their mailing address. If Corporation, also include the Agent for Service with the mailing address.

15. NAME OF MANAGEMENT COMPANY (if applicable)	PHONE:
--	--------

16. Street Number Street Name City Zip Code	
--	--

17. ON-SITE CONTACT (name, unit #)	PHONE:
------------------------------------	--------

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true. I hereby consent to all necessary inspections made pursuant to law and incidental to the issuance of this permit and the operation of this business.

Signature _____ Date: _____
 Title _____

H.D. USE	Receipt No.	Decal No.(s)



Business License Research & Compliance Package

Application for Business Occupancy
(Municipality/Township, Coronado ,
92118)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form



CITY OF CORONADO
APPLICATION FOR BUSINESS OCCUPANCY

Office of the City Clerk (619) 522 - 7320

NOTICE: It is a violation of Municipal Code Section 12.12.020 to conduct a business at the address listed below until such time that all requirements of this application have been completed and each section is signed as approved.

NOTICE: Applicant to complete blanks where noted in **bold italics**. Failure to provide requested information and/or inclusion of false or misleading information may affect issuance of the Certificate of Business Occupancy.

NOTICE: Applicant must provide proof of legal tenancy (i.e. lease or letter of authorization from property owner).

D. B. A. _____ **Home Phone** _____

Business Address _____ **City & Zip Code** _____

Applicant _____ **E-mail address** _____

Applicant Address _____ **Business Phone/Fax** _____

Describe the nature of all products and/or services provided _____

Property Owner _____ **Business Phone** _____

Address _____ **City & Zip Code** _____

I attest that the information provided is true and accurate

Applicant's Signature _____ **Date** _____

COMMUNITY DEVELOPMENT – ZONING

Zoning designation _____

NOTICE: No alteration to the building's exterior appearance is permitted without Design Review Commission approval.

Is your business a franchise? Yes No **If yes, what type?** _____

Do you have assigned parking spaces? Yes No **If yes, how many and where?** _____

Conditions _____

Date conditions to applicant _____ Date conditions completed _____

APPROVED DENIED Inspector _____ Date _____

COMMUNITY DEVELOPMENT – BUILDING

Floor area of lease space _____ sqft

NOTICE: It is unlawful to erect, construct, enlarge, alter, repair, move, improve, remove, convert, or demolish any building or portion thereof without a building permit.

Do you intend to make alterations to the existing space Yes No **If, yes, what is the scope of the alterations?** _____

Construction plans required? Yes No Date plans submitted _____

Date plans approved _____ Permit Issued _____ Permit # _____

FIRE SERVICES

Occupancy Group _____

Remarks _____

APPROVED DENIED Inspector _____ Date _____

COMMUNITY DEVELOPMENT – BUILDING

Final inspection _____

Occupancy Certificate: APPROVED DENIED Certificate issued _____

Distribution: Copies to Applicant, City Clerk, Community Development, Fire Department



Business License Research & Compliance Package

Business License Application
(Municipality/Township, Coronado ,
92118)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form



CITY OF CORONADO

1825 Strand Way • Coronado, California 92118
Attn: Business License Department • (619) 522-7320

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION

BUSINESS LICENSE APPLICATION

Business Name _____

Corporate Name _____
(If Different)

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____ Email Address _____

• OFFICIAL USE ONLY •

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

SIC CODE _____

PENALTIES _____

LICENSE FEE \$ _____

REGISTER DATE _____

CHECK # _____ CREDIT CARD CASH

Start Date	Description of Business

Ownership: Corporation Ltd Liability Corp Sole Proprietor Partnership Trust

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Tax I. D. No. _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name _____ **Title** _____ **Phone ()** _____

Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Alarm System (if applicable)

Name _____ **Phone ()** _____

Address _____ **License No.** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Classification and Fee (Review fee schedule on reverse of this application and enter applicable fees below.)

I, the undersigned, do hereby declare the above information to be correct to the best of my knowledge. I understand that the classification(s) I have entered above are subject to verification by the City of Coronado and that my business license fee may be adjusted to the actual figure when the year's business is completed.

Signature _____ Date _____

Contractors Only

I certify that I am licensed under the provisions of the State Contractors License Law and further that my license entered above is in full force and effect.

Signature _____ Date _____

Estimated Annual Gross Receipts	\$
No. of Units	No. of Employees
Base Fee	\$
Contractor Fees	\$
Home or Commercial Occupancy Fee	\$
Other Fees	\$
TOTAL AMOUNT DUE	\$

PLEASE MAKE CHECK PAYABLE TO THE CITY OF CORONADO
A \$10.00 fee will be imposed for all returned checks.

Thank you for doing business in the City of Coronado

CITY OF CORONADO - FEE SUMMARY

MISCELLANEOUS GROSS RECEIPTS

Estimate the amount of gross earnings (not net profit) for the year.	Year	2nd qtr	3rd qtr	4th qtr
Less than \$15,000	\$25	18.75	12.50	6.25
\$15,000 but less than \$50,000	\$50	37.50	25.00	12.50
\$50,000 or more	\$87	65.25	43.50	21.75

CONTRACTOR'S LICENSE FEE

If the business is licensed under the provisions of the State Contractors License Law, the Contractor license is the fee to be paid for a business license. The contractor fee is in lieu of, not in addition to, the Miscellaneous gross receipts fee.

	Year	2nd qtr	3rd qtr	4th qtr
Contractor	\$58	43.50	29.00	14.50

OTHER

Any business may have to pay one or more of the fees below based on the business operation in lieu of or in addition to the Business License Fees defined above. Asterisk items below require the business to have a basic business license with the City of Coronado based on either Miscellaneous Gross Receipts or Contractor Fee.

Auto Rental - Limousines	\$ 54
* Advertising - Printed Material	\$114 per quarter
Advertising - Vehicle, Loudspeaker, etc.	\$ 24 per day
Apartments	GROSS RECEIPTS
Closing Out Sales	\$ 25 per month
Dance Halls - Class A	\$ 75 per quarter - \$300 per year
Dance Halls - Class B	\$ 50 per quarter - \$200 per year
Food Delivery	\$114 per person/vehicle per year
Hotels, Motels, etc.	\$ 3 per year or \$46 per year (whichever is greater)
Laundry or Cleaning Routes	\$150 per vehicle per year
Massage Tech	GROSS RECEIPTS
* Mechanical, Musical	\$ 15 per machine per year
Paratransit - (Taxi, etc.)	\$ 28 per vehicle, per quarter
(Drivers must obtain a paratransit driver's permit at Police Department)	
Pawnbroker	\$114 per quarter
Peddling	\$ 79 per person / vehicle per quarter
* Pinball - or Other Game Machines	\$ 25 per machine, per quarter, per year
Sale of Bankrupt Stock	\$ 58 per day
* Shuffleboard, Pool, Card Tables	\$ 5 per board / table per quarter
* Solicitors	\$ 12 per month
* Vending - Food, Snacks	\$ 25 per machine, per year
* Vending - Candy, Cigarettes, etc. (over \$.05)	\$ 5 per machine, per year
* Vending - Weighing, Stamps	\$ 3 per machine, per year
Wholesalers (non-resident)	\$ 68 per year

OCCUPANCY PERMITS

Any business whose office, store or physical location is in Coronado is required to have an Occupancy Permit in addition to a Business License. (The occupancy permit is a one time only fee unless you relocate your business address.)

Home Occupancy	\$15
Commercial Occupancy	\$55

NON-PROFIT ORGANIZATIONS

No fees will be charged to Non-Profit Organizations upon receipt of verification of non-profit status. This includes *documentation of State and Federal exempt status*, recent financial statement and list of officers. Exceptions are:

Bingo	\$50 initial fee per year
	\$10 renewal each 6 months

CITY OF CORONADO - RESPONSIBLE PERSON INFORMATION

Name of Responsible Contact Person _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

RESPONSIBLE PERSON CERTIFICATION:

I, the undersigned, do hereby certify that the information given above and required as a prerequisite to the granting of a Municipal license, is true and correct to the best of my knowledge. I further certify that if any of the above information is disclosed to be false, it will be considered by me to be sufficient grounds for revocation of my City of Coronado business license, per 5.04.080 of the Coronado Municipal Code.

Signature _____

Title _____

Date _____

FOR CITY USE ONLY:

LICENSE APPROVED
DENIED

Approving Authority _____ Date _____



Business License Research & Compliance Package

Worker's Compensation Declaration
(Municipality/Township, Coronado ,
92118)

Licensing Authority Information

If you have questions regarding this application, please contact the issuing authority using the information provided below.

Issuing Office

Mailing Address

Mail the application to the mailing address provided below, unless otherwise noted on the form.

Fee Information

Additional Helpful Information

General Notes

Information pertaining to this form

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty, one of the following declarations:

I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.

I have and will maintain Workers' Compensation Insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: _____

Policy: _____

Business Name: _____

Signature: _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: _____ Date: _____

Address: _____

Signature: _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100.00, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.