

SENATE BILL 1186:
Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx
The Department of Rehabilitation at www.rehab.ca.gov
The California Commission on Disability Access at www.cdda.ca.gov

BUSINESS LICENSE APPLICATION

CITY OF REDONDO BEACH

LICENSE AND COLLECTIONS DIVISION

415 DIAMOND STREET, DOOR C
REDONDO BEACH, CA 90277-0270
BLMAIL@REDONDO.ORG (310) 318-0603

ACCOUNT #
NEW
UPDATE / RE-ACTIVATE
CLERK INITIALS:

1) PRINT OR TYPE ONLY 2) DO NOT WRITE IN SHADED AREAS 3) MAKE CHECK PAYABLE TO CITY OF REDONDO BEACH

A	TYPE CODE	B	TYPE DESCRIPTION	7	BUSINESS START DATE (IN REDONDO BEACH)
1	PRIMARY FUNCTION OF BUSINESS			8	ARE YOU GOING TO SELL A PRODUCT? IF YES, DESCRIBE <input type="checkbox"/> YES <input type="checkbox"/> NO
2	LEGAL ENTITY <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP / LLC CORP. NAME OR LEGAL OWNER			9	STATE BOARD OF EQUALIZATION SELLERS PERMIT #
3	D.B.A. (NAME OF BUSINESS)			10	STATE LICENSE #
				11	STATE CLASS CODE
4	BUSINESS LOCATION ADDRESS			12	TAXPAYER IDENTIFICATION # (EIN OR SSN)
	CITY		STATE		ZIP
5	BUSINESS PHONE #			13	MAILING ADDRESS
					CITY
					STATE
					ZIP
6	BUSINESS E-MAIL				
14	OWNER / PRINCIPAL / CORP. OFFICER NAME		TITLE		HOME PHONE #
	HOME ADDRESS		CITY		STATE
					ZIP
15	OTHER OWNER / PRINCIPAL / CORP. OFFICER NAME		TITLE		HOME PHONE #
	HOME ADDRESS		CITY		STATE
					ZIP

FOR FIRE AND POLICE PROTECTION, LIST TELEPHONE NUMBER OF PERSON (S) TO BE CONTACTED IN THE EVENT OF AN EMERGENCY. PROPERTY SECURITY WILL BE PROVIDED AT THE BUSINESS OWNER'S OR APPLICANT'S EXPENSE IF CONTACT CANNOT BE MADE.

REDONDO BEACH BUSINESSES ONLY	16	EMERGENCY NAME	PHONE #
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RBM SECTION 6-1.21 STATES THAT ANY PERSON WHO CARRIES ON ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A LICENSE SHALL PAY A PENALTY OF 20%, AND 20% EACH 30 DAYS THEREAFTER TO A MAXIMUM OF 60%. PAYMENT OF A BUSINESS LICENSE TAX DOES NOT RELIEVE THE BUSINESS OF THE REQUIREMENT TO COMPLY WITH OTHER REGULATIONS OF THE CITY, COUNTY, STATE OR FEDERAL GOVERNMENT. I UNDERSTAND THAT THE BUSINESS IS RESPONSIBLE FOR NOTIFYING THE CITY OF REDONDO BEACH IF THERE ARE ANY CHANGES TO THE BUSINESS LOCATION AND/OR MAILING ADDRESSES. I UNDERSTAND THAT THE CITY OF REDONDO BEACH DOES NOT WAIVE LATE FEES AND PENALTIES. PER RESOLUTION NO. CC-0705-52, A \$34.00 COLLECTION ADMINISTRATION FEE WILL BE APPLIED TO ALL UNPAID ACCOUNTS RECEIVABLE INVOICES OVER 60 DAYS BUT LESS THAN 90 DAYS OVERDUE, WITH AN ADDITIONAL \$17.00 COLLECTION ADMINISTRATION FEE APPLIED TO ALL UNPAID ACCOUNTS RECEIVABLE INVOICES 90 DAYS OR MORE OVERDUE. ALL UNPAID ACCOUNTS RECEIVABLE INVOICES 90 DAYS OR MORE OVERDUE WILL BE TRANSFERRED TO AN OUTSIDE COLLECTION AGENCY. ALL INFORMATION PROVIDED ON THIS APPLICATION, EXCEPT SOCIAL SECURITY NUMBERS, IS SUBJECT TO THE FEDERAL AND CA PUBLIC RECORDS ACT.

I DECLARE, UNDER PENALTY OF PERJURY, THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED ABOVE IS TRUE AND CORRECT.

DATE: _____ SIGNATURE: _____ PRINT NAME: _____

A BUSINESS LICENSE WILL NOT BE ISSUED UNLESS THIS FORM IS ANSWERED IN FULL AS PERTAINS TO YOUR BUSINESS

C	CYCLE CODE	D	EXPIRATION DATE	E	BILL YEAR	F	BILL NUMBER	G	BUSINESS LICENSE BASE TAX:
APPROVAL	PLANNING YES <input type="checkbox"/> NO <input type="checkbox"/>		SIGNED				DATE	H	EMPLOYEE/RENTAL UNIT TAX: X =
	COMMENTS							I	BID FEES: RENTALS _____ EMPLOYEES _____
APPROVAL	BUILDING YES <input type="checkbox"/> NO <input type="checkbox"/>		SIGNED				DATE	J	F. O. G. FEE:
	COMMENTS							K	C. S. P. FEE:
APPROVAL	WATERFRONT YES <input type="checkbox"/> NO <input type="checkbox"/>		SIGNED				DATE	L	STATE REGULATORY FEE: SB 1186
	COMMENTS								\$1.00
APPROVAL	OTHER YES <input type="checkbox"/> NO <input type="checkbox"/>		SIGNED				DATE	M	PENALTY 20% 40% 60%
	COMMENTS							N	TOTAL AMOUNT DUE