



# CITY OF HUNTINGTON PARK

Finance Department | License Division  
6550 Miles Avenue, #127 Huntington Park, CA 90255  
Tel: (323) 584-6232 | Fax: (323) 588-2657  
license@hpcg.gov

# BUSINESS LICENSE APPLICATION

Account No. \_\_\_\_\_

*The Huntington Park Municipal Code requires that all businesses operating in the City obtain a license. It is the responsibility of the applicant to maintain an active business license by renewing each year.*

Type of Application:	<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Ownership
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Business Name	<input type="checkbox"/> Change of Business Description
Type of License:	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Contractor	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Property Rental
Type of Ownership:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership
<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input type="checkbox"/> Trust

Business Information	Business Name / DBA _____
	Business Address _____ City, State, Zip _____
	Mailing Address _____ City, State, Zip _____
	Business Phone _____ Email _____
	Federal ID No. _____ State Tax No. _____
	State Class & License No. _____ Board of Equalization No. _____
Estimated Gross Receipts for First Year of Business _____	

Owners Information	Owner's Name/ Corporate Officer _____ Date of Birth _____
	Owner's Address _____ City, State, Zip _____
	Owner's Phone _____ Email _____
	Driver's License No. _____ SSN _____
	2 <sup>nd</sup> Owner's Name _____ Date of Birth _____
	Owner's Address _____ City, State, Zip _____
Owner's Phone _____ Email _____	
Driver's License No. _____ SSN _____	

Business Description	<u>Business operation statement.</u> Include products/services offered or produced as well as any parts of the business that are incidental to the primary use. _____	
	_____	
	Number of Employees _____	Hours of Operation _____
	Gross Floor Area _____	_____
	Making Tenant Improvements Yes No	Any existing business signs Yes No
Sharing Tenant Space <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, business name _____	
Status of Business <input type="checkbox"/> Vacant <input type="checkbox"/> Occupied	Current Business _____	



Supplemental	Will the business include any of the following? (Check all that apply)					
	Adult-oriented items or activities	Yes <input type="checkbox"/> No <input type="checkbox"/>	Cyber cafe	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pawn brokering	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Alcohol sales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Dance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Precious metals purchase	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Alcohol/drug counseling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Entertainment	Yes <input type="checkbox"/> No <input type="checkbox"/>	Restaurant with seating	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Auto title loans	Yes <input type="checkbox"/> No <input type="checkbox"/>	Firearm/weapons sales	Yes <input type="checkbox"/> No <input type="checkbox"/>	Short-term/payday loans	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Banquet facility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Fortune telling	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tobacco sales	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Check cashing	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gaming	Yes <input type="checkbox"/> No <input type="checkbox"/>	Used merchandise	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Currency exchange	Yes <input type="checkbox"/> No <input type="checkbox"/>	Medical marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vending machines	Yes <input type="checkbox"/> No <input type="checkbox"/>
			Money transfer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Video machines	Yes <input type="checkbox"/> No <input type="checkbox"/>

Affidavit	I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued.	
	Signature _____	Date _____
	Printed Name and Title _____	

If processing by mail please include the following:

- ✓ Completed Application Form
- ✓ All applicable schedules
- ✓ Check payable to City of Huntington Park
- ✓ Mail to the attention of:  
**City of Huntington Park – Business License Division**  
**6550 Miles Avenue, #127**  
**Huntington Park, CA 90255**

<i>PLANNING (OFFICE USE ONLY)</i>	
General Plan: _____	Zone: _____ SIC Code: _____
Previous Use/Business: _____	
Note: _____	
<input type="checkbox"/> Permitted <input type="checkbox"/> Permitted with Entitlement (CUP/DP# _____) <input type="checkbox"/> Pending <input type="checkbox"/> Prohibited	
Planning Approval: _____	Date: _____

<i>BUILDING / FIRE (OFFICE USE ONLY)</i>	
Building Approval: _____	Date: _____
Fire Approval: _____	Date: _____

<i>FINANCE (OFFICE USE ONLY)</i>						
Business License Fee:	Occupancy Fee:	Misc. Fee:	Application Fee:	Change of Location Fee:	Penalty Fee:	Total:
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____