



CITY OF ESCONDIDO

201 North Broadway • Escondido, CA 92025-2798
Attn: Business License Division • 760-839-4659

BUSINESS LICENSE APPLICATION

| | |
|---|---|
| Business Name _____ Business Location (not P.O. Box) _____ _____ Bus. Phone (____) _____ Bus. Fax (____) _____ Mailing Address (if different) _____ _____ Description of Business (be specific, attach additional sheets if necessary) _____ _____ Contractor License No./Type _____ Start Date _____ Resale No. _____ Federal ID No. _____ State ID No. _____ | OFFICIAL USE ONLY BUSINESS LICENSE NO. _____ LICENSE FEE \$ _____ DATE PAID _____ <input type="checkbox"/> CASH / <input type="checkbox"/> CHECK EMPLOYEE _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust Business Type: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Service <input type="checkbox"/> Contractor <input type="checkbox"/> Manufacturing |
|---|---|

Enter below names of Owners, Partners, or Corporate Officers – Use additional sheets as necessary

| | | |
|----------------------------|---------------------------|--------------------|
| Owner Name _____ | Title _____ | Phone (____) _____ |
| Home Address _____ | Cell Phone (____) _____ | |
| Driver's License No. _____ | Social Security No. _____ | E-Mail No. _____ |
| Owner Name _____ | Title _____ | Phone (____) _____ |
| Home Address _____ | Cell Phone (____) _____ | |
| Driver's License No. _____ | Social Security No. _____ | E-Mail No. _____ |

In case of emergency, please contact:

| | | |
|------------|-------------|--------------------|
| Name _____ | Title _____ | Phone (____) _____ |
|------------|-------------|--------------------|

Alarm Company (if applicable)

| | | |
|------------|-------------|--------------------|
| Name _____ | Title _____ | Phone (____) _____ |
|------------|-------------|--------------------|

PLEASE CALL 760-839-4659 WITH ESTIMATE OF ANNUAL GROSS RECEIPTS FOR BUSINESS LICENSE FEE DUE.

| | |
|-----------------------------------|-----------------|
| One Year Estimated Gross Receipts | \$ _____ |
| Business License Fee | \$ _____ |
| BID Fee (if Applicable) | \$ _____ |
| TOTAL AMOUNT DUE | \$ _____ |

Thank you for doing business in the City of Escondido!

The business named above is being considered for a business license pursuant to the provisions of the Escondido Municipal Code to engage in, carry on, or conduct the business, trade, calling, or occupation described. Approval of this application is not an assurance the proposed use conforms to City zoning or other regulations and shall not relieve the applicant of compliance with building, zoning, fire, or other ordinances of the City or the State of California, nor shall approval be deemed a waiver of past or future violations of such laws, nor constitute a barrier to pursuit of appropriate legal action against the applicant for such violations. Applicant shall, once issued, renew the license before the expiration date.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date: _____ Signature of Owner or Representative: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF ESCONDIDO

| License Reviewed & Approved By: | |
|--|--|
| Police _____ / _____ Building _____ / _____ Fire _____ / _____ Code Enforcement _____ / _____ | County Health _____ / _____ Planning _____ / _____ SLUC _____ B.I.D. _____ ZONING _____ |

| OFFICIAL USE ONLY | |
|-------------------------|--------------------------|
| • Please Check One • | |
| NEW APPLICATION | <input type="checkbox"/> |
| CHANGE OF OWNER | <input type="checkbox"/> |
| CHANGE OF ADDRESS | <input type="checkbox"/> |
| CHANGE OF BUSINESS NAME | <input type="checkbox"/> |
| HOME OCCUPATION | <input type="checkbox"/> |



Business License Supplemental/Environmental Compliance Form

Business Name _____ Account No. _____

Business Address _____

- 1. If you plan to install a sign for your business, you need to contact the Planning Division at 760-839-4671.
2. Previous use of site (please be specific) _____
3. Will this business involve any of the following:
Woodworking? [] Yes [] No Hazardous Process? [] Yes [] No
Painting? [] Yes [] No Amusement Machines? [] Yes [] No
Welding? [] Yes [] No How Many? _____
Flammables? [] Yes [] No Vending Machines? [] Yes [] No
Warehouse? [] Yes [] No How Many? _____
4. Will there be sale of alcoholic beverages? [] Yes [] No
5. Landlord/Property Owner Name & Address _____
Apartment Manager's Name _____ Phone# _____
6. No. of Employees _____ No. of Units _____ Total Sq. Footage _____ No. of Parking Spaces _____
7. Does your operation involve ANY unstable, toxic, explosive or flammable material, or poisonous gas? [] Yes [] No
8. Will mixing materials in your operation create any condition described in #7? [] Yes [] No
9. Are you required to have a business plan on file with the San Diego County Health Department's Hazardous Materials Section? [] Yes [] No
10. Has the business plan been filed? Date filed _____ [] Yes [] No
11. Will there be water used in a commercial, manufacturing or industrial process? [] Yes [] No
12. Is there a planned or potential material discharge to the sewer from the site? [] Yes [] No
13. Is there a planned or potential material discharge to the storm drain from the site? [] Yes [] No
14. Will there be bulk liquids (quantities above 10 gallons) used or stored on-site? [] Yes [] No
15. Will there be hazardous materials used or stored on-site? [] Yes [] No
16. Do you repair, service, or wash vehicles, equipment or property on-site? [] Yes [] No
17. Does the preparation or sale of food take place on-site? [] Yes [] No

PLEASE NOTE: As required by Article 30, Section 33-665 of the Escondido Zoning Code, any existing or proposed use or project involving unstable material, highly toxic material, or poisonous gas shall be disclosed to the Fire Chief AND to the San Diego County Department of Environmental Health Hazardous Materials Management Division prior to the issuance or renewal of a Business License, Building Permit, or Certificate of Occupancy.

I HEREBY DECLARE THAT THE FOREGOING INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signed Title Date