



CITY OF ESCONDIDO

201 North Broadway • Escondido, CA 92025
Attn: Business Licensing • 760-839-4659

For Official Use Only

Business License No.: _____
Date Paid: _____
Employee: _____

BUSINESS LICENSE APPLICATION

Business Name _____

Business Location (not P.O. Box or PMB) _____

Mailing Address (if different, P.O. Box or PMB acceptable) _____

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

Description of Business (be specific, attach additional sheets if necessary) _____

State Contractor License No. _____

Sellers Permit No. _____ FEIN. or SSN. _____ 501c3 Non-profit Organization: Yes No

NAICS Code: _____

SIC Code: _____

***MUST enter SIC Code**

Ownership: Corporation LLC
 Partnership Sole Proprietor
 Trust S Corp

Business Type: Retail Wholesale
 Service Contractor
 Mobile Manufacturing

Honorably Discharged Veteran: Yes No

Enter below names of Owners, Partners, Corporate Officers or Managers- use additional sheets as necessary

Owner Name _____ Title _____ Phone (_____) _____

Address _____

Address of Service _____ Cell Phone (_____) _____

Driver's License No. _____ FEIN. or SSN. _____ E-Mail _____

Owner Name _____ Title _____ Phone (_____) _____

Address _____

Address of Service _____ Cell Phone (_____) _____

Driver's License No. _____ FEIN. or SSN. _____ E-Mail _____

Business Representative/Point of Contact (if different than above)

Name _____ Title _____ Phone (_____) _____

PLEASE VISIT [HTTPS://WWW.ESCONDIDO.ORG/ONLINE-SERVICES.ASPX](https://www.escondido.org/online-services.aspx) WITH ESTIMATE OF ANNUAL GROSS RECEIPTS FOR BUSINESS LICENSE FEES DUE. FEES ARE SUBJECT TO REVIEW AND ADDITIONAL FEES MAY APPLY.

One Year Estimated Gross Receipts	\$	
Business License Fee	\$	
MANDATORY State Disability Access and Education Fee	\$	4.00
TOTAL AMOUNT DUE	\$	

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.cahwnet.gov.

The California Commission on Disability Access at www.coda.ca.gov.

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 _____ Print Name of Owner or Representative _____

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



CITY OF ESCONDIDO
 201 North Broadway
 Escondido, CA 92025
 (760) 839-4659

Business License Supplemental/Environmental Compliance Form

Business Name _____ **Business License #** _____

Business Address _____

1. Detailed description of your proposed business _____

2. Previous use of site (please be specific) _____

3. Will you be conducting any tenant improvements to the building (i.e. walls removed, new walls added, new electrical, plumbing, etc.)? If yes, explain: _____

4. Does your business have a current Certificate of Occupancy (C of O)? Yes No

**Note: If the intended use is not the same as the original C of O, a new C of O must be issued by the Building Division.*

5. Landlord/Property Owner's Name _____ Phone # _____

6. Emergency Contact/Business Rep's Name _____ Phone# _____

7. No. of Employees _____ No. of Units _____ Total Sq. Footage _____ No. of Parking Spaces _____

8. Will this business involve any of the following?

- | | | | |
|------------------------------|--|---------------------|---|
| Operate a place of assembly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Woodworking? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Hazardous Process? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Painting? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Warehouse? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Welding? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Amusement Machines? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how Many? _____</i> |
| Flammables? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vending Machines? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, how Many? _____</i> |

9. Are you taking in pawn or accepting items for sale on consignment? Yes No

10. Will alcoholic beverages be served and/or onsite? Yes No

11. Does your operation involve **ANY** unstable, toxic, explosive or flammable material, or poisonous gas? Yes No

12. Will mixing materials in your operation create any condition described in #7? Yes No

13. Are you required to have a business plan on file with the San Diego County Health Department's Hazardous Materials (HAZMAT) Section? Yes No
If yes, Date Filed _____

14. Will there be water used in a commercial, manufacturing or industrial process? Yes No

15. Is there a planned or potential material discharge to the sewer from the site? Yes No

16. Is there a planned or potential material discharge to the storm drain from the site? Yes No

17. Will there be bulk liquids (quantities above 10 gallons) used or stored on-site? Yes No

18. Will there be hazardous materials used or stored on-site? Yes No

19. Do you repair, service, or wash vehicles, equipment or property on-site? Yes No

20. Does the preparation or sale of food take place on-site? Yes No

21. Will your business involve cultivation, distribution, or possession of medical or any other form of cannabis? Yes No

22. Does your business involve mobile water operations (i.e. carpet cleaning, mobile detailing, etc.)? Yes No

**If you plan to install a sign for your business, you need to contact the Planning Division at 760-839-4671.*

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.

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

 Date Print Name Signature



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Senate Bill (SB) 205 Stormwater Discharge Compliance (Inside City Limits)

Pursuant to SB 205, all new and renewal of business license applications submitted on or after January 1, 2020 must provide the following information with their license application:

1. Current Business Operations (must check the box below that applies to your current business operations):

- [] Manufacturing [] Repair [] Service [] Retail
[] Wholesale [] Storage Facility [] Contractor [] Massage
[] Soliciting [] Entertainment [] Other

Pursuant to SB 205, if MANUFACTURING, STORAGE FACILITY and/or OTHER is checked above, then #2 MUST be completed below.) If any other box is checked above then you can skip #2

Industrial facilities must determine if coverage is required under the State’s Industrial General permit (IGP) prior to business license issuance. If required, please provide the information below per SB205.

For more information and assistance regarding IGP coverage, please visit:

https://www.waterboards.ca.gov/water_issues/programs/stormwater/industrial.html

2. Please provide the facilities primary State Industrial Classification (SIC) Code: _____

Visit https://www.osha.gov/pls/imis/sicsearch.html to search for your SIC code

Is facility SIC code regulated by the IGP? [] Yes [] No

Visit https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml to

Determine if your facility SIC code is regulated under the IGP?

If yes, one of the following must be provided BEFORE issuance of license

- a. Waste Discharge Identification Number (WDID): _____
b. WDID Application Number: _____
c. No Exposure Certification Number (NEC): _____
d. Notice of Nonapplicability Number (NONA): _____

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

Date Print Name Signature

Graffiti Eradication Release Authorization (Optional)

If you wish to enroll in this program, please visit our website at http://ols.escondido.org for additional information.

Escondido Police Department Property Authorization Letter (Optional)

If you wish to enroll in this program, please visit our website at http://ols.escondido.org for additional information.