



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. _____

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

501c3 **Non-profit** Organization: ☐ Yes ☐ No

My Business is a small or large family daycare at a personal residence, per the definition of California Health & Safety Code Section 1597.45. ☐ 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 OLS.ESCONDIDO.ORG 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- Tobacco Retailer Supplemental Form

Business Name _____ **Existing City Business License #** _____

Business Address _____

1. Have you or any owner ever been cited/arrested for violating any law regulating tobacco use or sales, including but not limited to providing tobacco to minors? ☐ Yes ☐ No
 - a. If Yes, when and what were the charges? _____
2. Have you, any owner, or the business had a tobacco license or permit revoked? ☐ Yes ☐ No
 - a. If Yes, when and why? _____
3. Do you have a CA Tobacco License? ☐ Yes (please provide #) _____ ☐ No
4. Is the owner a legal entity other than a natural person? ☐ Yes ☐ No
 - a. If Yes, the owner authorizes the following officer(s) and/or partner(s), to act on its behalf (include name(s), title(s), and contact information): _____
5. Do you assert compliance to all required laws for which this license is issued, including but not limited to those conditions listed below? ☐ Yes ☐ No

Please initial the following statements indicating you have read and understood the conditions:

6. _____ **STRICT LIABILITY.** OWNERS ARE STRICTLY LIABLE FOR THE ACTIONS OF THEIR EMPLOYEES AND AGENTS WHEN ENGAGED IN TOBACCO RETAILING.
7. _____ **Compliance with all laws required.** In the course of tobacco product retailing or in the operation of the tobacco product retailing establishment for which a license is used, it shall be a violation of Division 6, Article 2, Chapter 16 of the Escondido Municipal code (hereafter, "Tobacco Retailer License Ordinance") for licensee, or any of the licensee's agents or employees, to violate any local, state or federal law applicable to tobacco products, tobacco paraphernalia, or tobacco product retailing.
8. _____ **Fixed location required.** No person shall engage in tobacco product retailing at other than a fixed location.
A separate tobacco retailer license is required at each business location.
9. _____ **Display of license.** Each tobacco product retailer license shall be prominently displayed in a publicly visible location at the tobacco retailing location.
10. _____ **Positive identification required.** No person engaged in tobacco retailing shall sell or transfer a tobacco product or tobacco paraphernalia to anyone who appears to be under the age of 21 years without first examining the identification of the recipient to confirm that the recipient is at least minimum age under state law to purchase and possess the tobacco product or tobacco paraphernalia.
11. _____ **Self-service displays prohibited.** Tobacco retailing by means of a self-service display is prohibited.
12. _____ **Location of tobacco product advertising displays.** Tobacco product retailers shall be prohibited from placing or maintaining, or causing to be placed or maintained, any advertising display containing tobacco products below 4 feet from the floor. This prohibition shall not apply to commercial establishments where access to the premises by persons under 21 years of age is prohibited by law.
13. _____ **Drug Paraphernalia.** It shall be a violation of the Tobacco Retailer License Ordinance for any licensee or any of the licensee's agents or employees to violate any local, state, or federal law regulating controlled substances or drug paraphernalia. Except that conduct authorized pursuant to state law shall not be a violation of the Tobacco Retailer License Ordinance.
14. _____ **Change in Information.** A tobacco retailer shall immediately inform the City in writing of any change in the information submitted on an application for a tobacco retailer license within 10 days of a change. Any change in ownership shall require a new application.

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

Date

Print Name

Signature