BUSINESS LICENSE APPLICATION

Finance Department
276 Fourth Avenue, Chula Vista CA 91910
619.585.5624 | Fax 619.585.5685 | CVLicenses@chulavistaca.gov

◯ New	◯ Existing
BL#	

PLEASE COMPLETE ALL ITEMS ON THIS APPLICATION ***Required Fields**

☐ **New Application** ☐ **Change of Owner** ☐ **Change of Address** ☐ **Change of Business Name** ☐ **Change of Classification**

Business Name (DBA)*			**Bus. Start Date*** *(in City of Chula Vista)* MM /DD/ YYYY
Corporate Name		State Registered	**FEIN/SEIN:***
Type of Ownership:*	☐ Corporation ☐ LLC/LP ☐ Partnership ☐ Sole Proprietor ☐ Trust		Resale Num:
Business Location* ☐ Home-Based ☐ Commercial ☐ Industrial	*Street Address:* *(Cannot be a P.O. Box)*		**State Lic. #**
	City/State/Zip:		**License Type:**
Mailing Address:* ☐ *Check if same as Business Location*	*Street Address:*		**Expiration Date:**
	City/State/Zip:		**Contact Preference:*** ☐ **Email** ☐ **Mail**
Phone Number(s):*		Fax:	**Email:***
Description of Business Activity:* *Include principal product or service*			**Do you Intend to Sell:*** ☐ **Alcohol** ☐ **Tobacco**
Check all that apply:* ☐ Wholesale ☐ Retail ☐ Service ☐ Manufacturing ☐ Office			**Standard Industrial Classification Code(s):*** *in-city only*

Owners, Partners, or Corporate Officers (attach additional sheets if necessary)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Section 1600.1(a)(2) and 16100.1(a)(2) of the Business and Professional Code. To do so, please fill out the section on the following page.

1st. Owner Name:*			**SSN (Last 4 Digits)***
Title:*			ITIN/Other ID#
Address:* *(cannot be a P.O. Box)*	*Street Address:*		**Driver's License #*** **State Issued:***
	City/State/Zip:		
Phone Number:*		**Email:***	
2nd. Owner Name:*			**SSN (Last 4 Digits)***
Title:*			ITIN/Other ID#
Address:* *(cannot be P.O. Box)*	*Street Address:*		**Driver's License #*** **State Issued:***
	City/State/Zip:		
Phone Number:*		**Email:***	

Emergency Contact* (must be different from contact provided above)

Contact Name:*			**Phone Number:***

Alarm Company

Business Name:			**Phone Number:**

To apply online, or for more information, please visit us at **www.chulavistaca.gov/businesslicense**

Service of Process Address, Pursuant to AB2184—Available for public inspection

If you wish to protect you residential address with a different service of process address, please provide it here
NOTE: If your service of address is a post office or private mailbox, it must comply with the paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address: _____

Residential Address to Protect: ☐ Business Location ☐ Mailing Address ☐ Owner/Partner/Office Address

Providing the voluntary information below will help us notify you when resources become available.

*** If 51% of the business is owned by an individual(s) that are 25% or more Asian, Black, Hispanic, or Native American, please mark all that apply:**

☐ Asian-Indian/Pacific ☐ Black ☐ Hispanic/Latinx ☐ Native American
☐ Declined to State ☐ Not Applicable

*** If 51% of the business is owned by an individual(s) that are disabled, veterans, or women, please mark all that apply:**

☐ Disabled ☐ Veteran ☐ Women ☐ Declined to State ☐ Not Applicable

PROVIDE NUMBER OR SPECIFY IF N/A			
Employees in the City of Chula Vista:*		Rental Units:	
Square Footage:		Hotel/Motel Units:	
Vending Machines:		MHP Spaces:	
Amusement/Video Machines:		(Other). Please Specify:	

Storm Water General Industrial Permit Coverage?	☐ **YES**	☐ **NO** *Contact Storm Water Division*	☐ **N/A**
If YES: Provide WDID, WDID APPLICATION, NEC, or NONA #:			
Food Service Permit (Sewer) Number:			

Single-User Restrooms (AB783) Notice :

Per California Business and Professions Code Section 16000.2, you are notified that Health and Safety Code Section 118600(a) requires all single-user toilet facilities in any business establishment, place of public accommodation, or government agency to be identified as all-gender toilet facilities by signage that complies with Title 24 of the California Code of Regulations, and designed for use by no more than one occupant at a time or for family or assisted use.

Details are available at: https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&sectionNum=118600

Disability Access (SB1186) Notice:

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.
- The Department of Rehabilitation at www.dor.ca.gov.
- The California Commission of Disability Access at www.ccda.ca.gov.

Free Resource and Energy Business Evaluation (FREBE):

New office/storefront businesses must participate in a free energy & water evaluation to help you save money (see FREBE flyer, available on the below website). Schedule an appointment (within 60 days) at **www.chulavistaca.gov/departments/clean/conservation/renewable-efficient-energy-businesses or (619) 409-3893**

Additional Information:

I declare under penalties of perjury that this 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 I have the sole and continuing responsibility of assuring my business operation complies with applicable laws, including the provisions of building and zoning ordinances. **By approving and issuing a business license, the City is not certifying that the proposed business operation complies with applicable laws .**

Owner/Representative Name:* _____ **Signature:*** _____ **Date:*** _____

Return this Application to the address on page 1 and make check payable to **CITY OF CHULA VISTA**