BUSINESS LICENSE APPLICATION
CITY OF ORANGE
www.cityoforange.org
VACATION RENTALS

Business License
300 E. Chapman Ave

Phone (714) 744-2270
Fax (714) 288-2170

P.O. Box 11024
Orange
CA 92856-8124

PRINT IN BLACK OR BLUE INK ONLY

CITE NO.
ACCOUNT NO.

INCOMPLETE APPLICATIONS WILL BE REJECTED

☐ New Application
☐ Change to Existing Orange Business License

☐ Change of Name – Previous Name _____
☐ Change of Ownership – Previous Owner _____

1 **Owner of Property**

2 **Vacation Rental Address**

3 **City, State, Zip Code**

4 **Mailing Address**

5 **Name of Corporation / Trust (if different from above)**

6 ☐ **Sole-Proprietorship** ☐ **Corporation** ☐ **LLC**
☐ **Partnership** ☐ **Other** _____

7 **Business Phone** | 8 **Business Fax** | 9 **Social Security # (Sole Owner)** | 10 **Federal Tax ID**

11 **Start Date of Rental** | 12 **# of Bedrooms** | **# of Guests that can be accommodated**

13 **Description of Business Activity:**
Vacation Rental

14 **Email** | **Web Site**

15 **# Coin operated Amusement/Game Machines** _____
 # Vending Machines _____

16 **Owner, Partner, President, or Trustee Name & Title**

Residential Address | Drivers Lic #

City, State, Zip Code | Cell Phone

17 **Officer, Partner, Manager, or Contact Name & Title**

Residential Address

City, State, Zip Code | Cell Phone

18 **Emergency Contact / Relationship** | **Phone**

19 **Emergency Contact / Relationship** | **Phone**

20

PROVIDE NAMES FOR ALL SERVICES USED:

Cleaning Company	**Phone**
Gardening/Lawn Maintenance	**Phone**
Washer /Dryer Service	**Phone**
Carpet Cleaner	**Phone**
Painter	**Phone**
Electrician	**Phone**
Plumbing Repairs	**Phone**

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative of this business. I understand that this application does not license me to operate until I have fulfilled all requirements of the Orange Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business. I agree to conform to Orange Municipal Code Title 5.

Signature: **Name/Title:** **Date:**

TOTAL DUE WITH APPLICATION: $82.00 (Gross Receipts) OR $247.00 (Flat Tax)

Gross Receipts Tax: $46.00 Application Fee + $35 Minimum Tax + $1.00 State Fee* (Renewal will be based on Gross Receipts)
OR Flat Tax: $46.00 Application Fee + $200.00 Flat Tax + $1.00 State Fee*

TAX SCHEDULE: G1 / F2 **TYPE: S 927** **LINKED** _____ **VISA / MC / CASH / CK #**_____ **EXPIRATION DATE:** _____

REMARKS:

TOTAL DUE: _____

NOTE: You are responsible to keep your Business License current, even if you do not receive a Renewal Notice.

- Make checks payable to: **City of Orange**
- Visa and MasterCard also accepted. Fax to: (714) 288-2170
- Application Fee and State Fee are non-refundable
- Gross Receipts per OMC 5.14.170
- For further information on payments, call (714) 744-2270
- You will be asked to send an updated list of your service providers each year. You will not be able to renew on-line until this is received.

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FICTITIOUS BUSINESS NAME / DBA	**County Clerk Recorder** 12 Civic Center Plaza, Rooms 101 & 106 Santa Ana, CA 92701 (714) 834-2889	www.oc.ca.gov./recorder
HEALTH AND FOOD CONCERNS	**Orange County Health Department** 1241 E. Dyer Rd Suite 120 Santa Ana, CA 92705 (714) 433-6000	www.ochealthinfo.com/regulatory/ehfaqs.htm
BUSINESS INTERESTS	**Chamber of Commerce** 307 E. Chapman Orange, CA 92866 (714) 538-3581	www.orangechamber.com
STATE OF CALIF PERMIT ASSISTANCE CENTER		www.calgold.ca.gov
SMALL BUSINESS ADMINISTRATION	(800) 827-5722	www.sbaonline.sba.gov
FEDERAL TAX IDENTIFICATION NO.	**Internal Revenue Service Tax Information** (800) 829-1040	www.irs.gov
CITY OF ORANGE OFFICES	**Business License Division** 300 E. Chapman Orange, CA 92866 (714) 744-2270	7:30 a.m. - 5:30 p.m. Monday - Thursday (Check website for open Fridays) www.cityoforange.org

Building Department	(714) 744-7200	Finance Department	(714) 744-2230	Police Dept.	(714) 744-7390
Building Inspection	(714) 744-7216	Fire Department	(714) 288-2500	Water Billing	(714) 744-2241
Code Enforcement	(714) 744-7244	Planning and Zoning	(714) 744-7220	Water Plant	(714) 288-2475

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***State Mandated Fee ($1.00) for Disability Access & Education Revolving Fund:**

On September 19, 2012, Governor Brown signed into law Senate Bill 1186, adding a state fee of $1.00 to any application or renewal for a business license/permit, effective January 1, 2013. This fee will provide a funding source for increased education on disability access and compliance with construction-related accessibility requirements to facilitate compliance with the federal and state disability laws.

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.ccda.ca.gov.*

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CREDIT CARD AUTHORIZATION

(CREDIT CARD PAYMENTS WILL NOT BE ACCEPTED FOR LESS THAN $15.00 OR IN EXCESS OF $5,000.00)

M/C_____ Exp. Date: _____ Amount Authorized: $ _____

Visa _____ Exp. Date: _____ Security Code (last 3 digits on back of card): _____

Name on Card: _____ Work Phone: ( ) _____

Signature: _____ Home Phone: ( ) _____

Billing Address: _____

Street City State Zip