

REMARKS:

## BUSINESS LICENSE TAX APPLICATION CITY OF ORANGE

www.cityoforange.org

## FOR BUSINESSES BASED INSIDE THE CITY

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.

TOTAL DUE:

	ACCOUNT NO.									
☐ New Application	Change of Address (\$5 Move Fee) Previous address									
☐ Change to Existing Orange Busines	Change of N									
		☐ Change of O	wnership –	Previous O	wner					
Business Name or Dba										
Business Address (Do not use P.O. Box	()									
3 City, State, Zip Code								4	☐ Home Based?	
5 Mailing Address (if different from abo	ve)									
Business Owner / Corporation Name					7   🗖					
Business Switch, Corperation Name					_		-		rporation	
						Partner	ship	⊔ Oth	ner	
8 Business Phone	Business Fax	9	Social Sec	curity # (Sole	Prop)		10 Feder	al Tax ID		
11 State License (Contractor, Cosmetolo	gist, Doctor, R	ealtor etc)	12 <b>Ope</b>	ning Date a	t this Loc	ation			13 # Employees:	
Number Class,	/Type									
	-,								DI ANNUNIO	
Complete Description of Business A	Activity								PLANNING	
15 What % of Business is:										
Service	Retail _	Wholesale	N	/lanufacture		Contract	or Wa	arehouse	e Only	
16   Email	Web	Site		17	Seller	's Permi	t or Resale # (A	ttach co	py with City of Orange	
					addre		(7)		p,ge	
				l						
		Title		Will the	re be: (p	olease a	ınswer all que	estions)	<b>)</b>	
Pasidantial Address							inswer all que r served?		Need Health Permit	
Residential Address		Drivers Lic #		Food or	Beverag	e sold o	•	Y/N		
		Drivers Lic #		Food or Alcoholic Dancing	Beverage Beverage or Live E	e sold o ges sold Entertair	r served? I or served? nment?	Y/N Y/N Y/N	Need Health Permit Need ABC License Need Police Permit	
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City, State, Zip Code  19 Officer, Partner, or Contact Name  Residential Address  City, State, Zip Code  20 Property Owner or Landlord Name  21 Emergency Contact / Relationship  I hereby certify under penalty of perjuthat this application does not license nof this business in conformance with business, I agree to conform to O.M.C. Signature:	ry that the al ne to operate all applicabl 17.14.050(h).	Drivers Lic #  Home Phone  Title  Home Phone  Phone  Phone  bove information a until I have fulfill le laws, ordinance in the control of the laws.	ed all reques and reg	Food or Alcoholic Dancing Amusen Vending Soliciting Sale of S Massage Sale/Dis Gamblin Out Call Adult Or Sale of A Are you Are you and I am an irements or ulations es	Beverage Beverage or Live Enent/Garm Machine geoff (Door to Secondha e on Prertribution geoff (Escort Daly Enterthedult Onless sharing In authorif the Oratablished	e sold o ges sold Entertair ne Mach es? o Door)? and goo mises? of Mariji Dating Si ainment y Merch azardou ocation ized rep nge Mui d for su	r served? If or	Y/N	Need Health Permit Need ABC License Need Police Permit Need Police Permit May need PD Permit Need Police Permit Need Police Permit Need State Cert.  Need Police Permit	

RESALE NUMBER /SELLERS PERMIT
State Board of Equalization
16715 Von Karman Ave., #200

Irvine, CA. 92606 (949) 440-3473

FICTITIOUS BUSINESS NAME / DBA County Clerk Recorder www.oc.ca.gov./recorder

12 Civic Center Plaza, Rooms 101 & 106

Santa Ana, CA 92701 (714) 834-2889

HEALTH AND FOOD CONCERNS

Orange County Health Department
1241 E. Dyer Rd Suite 120

www.ochealthinfo.com/regulatory/ehfaqs.htm

1241 E. Dyer Rd Suite 12 Santa Ana, CA 92705 (714) 433-6000

SALES OF ALCOHOL Alcoholic Beverage Control - (A.B.C.) <u>www.abc.ca.gov</u>

28 Civic Center Plaza Room #369

Santa Ana, CA 92701 (714) 558-4101

BUSINESS INTERESTS Chamber of Commerce www.orangechamber.com

307 E. Chapman Orange, CA 92866 (714) 538-3581

STATE OF CALIF PERMIT ASSISTANCE CENTER www.calgold.ca.gov

SMALL BUSINESS ADMINISTRATION (800) 827-5722 www.sbaonline.sba.gov

BUREAU OF AUTOMOTIVE REPAIR / ELECTRONIC REPAIR LICENSE (800) 952-5210

CONTRACTORS LICENSING INFORMATION State of Calif. Contractors Licensing Board

(800) 321-2752 <u>www.cslb.ca.gov</u>

FEDERAL TAX IDENTIFICATION NO. Internal Revenue Service Tax Information

(800) 829-1040 <u>www.irs.gov</u>

CITY OF ORANGE OFFICES

Business License Division

7:30 a.m. - 5:30 p.m.

300 E. Chapman Monday - Thursday
Orange, CA 92866 (Check website for open Fridays)

Orange, CA 92866 (Check website for open Fridays) (714) 744-2270 <a href="https://www.cityoforange.org">www.cityoforange.org</a>

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

Business Classification / Fee Schedule	Processing Fee **	Minimum <u>Tax</u>	Total Due with Application	Annual Renewal
Service/Professional (G1) (If business location is a City of Orange address) Or Flat Fee Option (F2)	\$46.00	\$ 35.00	\$ 81.00	Based on gross receipts
	\$46.00	\$200.00	\$ 246.00	\$200.00 (over \$300,000)
Manufacturing/Wholesale (G9)	\$46.00	\$ 25.00	\$ 71.00	Based on gross receipts
Retail (G10)	\$46.00	\$ 35.00	\$ 81.00	Based on gross receipts
Commercial Property Owner (G14)	\$46.00	\$ 25.00	\$ 71.00	Based on gross receipts
Real Estate Office (F29) 1 Broker 1 Broker & 1 Salesperson 1 Broker & more than 1 Salesperson	\$46.00 \$46.00 \$46.00	\$ 65.00 \$ 75.00 \$ 95.00	\$ 111.00 \$ 121.00 \$ 141.00	Flat Fee \$65.00 Flat Fee \$75.00 Flat Fee \$95.00
Tax Exempt Businesses (call office)	\$46.00 (only)	\$ 0.00	\$ 46.00	\$23.00 (For-Profit Bus.)

For further information on fees call (714) 744-2270 Visa and MasterCard also accepted. Fax to: (714) 288-2170

\*\*Processing Fee is non-refundable Gross Receipts per OMC 5.10.010, 5.12.050 and 5.14.070 Make checks payable to: City of Orange

## 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	