



# APPLICATION FOR BUSINESS LICENSE

(714) 754-5235 • www.costamesaca.gov

Business Name \_\_\_\_\_

Parent Company Name \_\_\_\_\_  
(If Corporate Owned)

Business Address \_\_\_\_\_  
(Cannot be a P.O. Box) Street # Street name Unit # City State Zip

Mailing Address \_\_\_\_\_  
(Can be a P.O. Box) Street # Street name Unit # City State Zip

Business Telephone # ( ) \_\_\_\_\_ Costa Mesa Business Start Date \_\_\_\_\_ No. of Employees (on average) \_\_\_\_\_

Ownership (Check One Only)  
 Sole Owner  Corporation  Partnership  Husband & Wife Co-ownership  LLC  LLP

Seller's Permit No. \_\_\_\_\_ Contractor's State No. & Class \_\_\_\_\_  
(If Applicable) (If Applicable)

Federal Employer ID # or, Owner's Social Security # \_\_\_\_\_ Hours of Operation (M-F) \_\_\_\_\_ (S-SU) \_\_\_\_\_  
(Commercial/Industrial Only)

### OWNER'S OR PRINCIPAL'S NAME(S)

Name \_\_\_\_\_ Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_ Title \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_ Title \_\_\_\_\_

Drivers License No. \_\_\_\_\_ DOB \_\_\_\_\_ Drivers License No. \_\_\_\_\_ DOB \_\_\_\_\_

### TYPE OF BUSINESS

Please Check One:  
 Wholesale  Retail  Manufacturing  Services  
 Non-Profit  Administrative Only  Warehouse  Other  
Fully Describe Business Operation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Standard Industrial Class Code (SIC) \_\_\_\_\_  
Alcohol Beverage Control Permit No. \_\_\_\_\_  
(If Applicable)  
Number of Rental Units/Rooms/Spaces \_\_\_\_\_  
(If Applicable)  
Secondhand Dealers and/or Pawn Brokers License Required:  
 Yes  No

### STATE MANDATED DISABILITY ACCESS AND EDUCATION REVOLVING FUND – \$1.00

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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](http://www.dgs.ca.gov/dsa/Home.aspx).
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov).
- The California Commission on Disability Access at [www.cceda.ca.gov](http://www.cceda.ca.gov).

TAX DUE (CHOOSE ONE BELOW): \_\_\_\_\_

STATE MANDATED FEE: **\$1.00**

TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

Please send your check, made payable to:  
City of Costa Mesa  
Treasury Management Division  
P.O. Box 1200, Costa Mesa, Ca 92628-1200

### CHOOSE ONE OF THE APPROPRIATE TAX SCHEDULES BELOW AND ENTER ABOVE

**GENERAL BUSINESS**  
(wholesale, retail, professional, etc.)

Enter Annual Gross Receipts Amount \$ \_\_\_\_\_

And Circle the corresponding category below

Annual Gross Receipts	Tax
\$0.00 to 1,000.00	\$0.00
\$1,000.01 to 25,000.00	\$25.00
\$25,000.01 to 40,000.00	\$35.00
\$40,000.01 to 75,000.00	\$45.00
\$75,000.01 to 200,000.00	\$60.00
\$200,000.01 to 500,000.00	\$100.00
Over \$500,000.00	\$200.00

**SHOW, EXHIBITION, SWAP MEET** Tax on the Promoter's Gross Receipts from the Gross Receipts schedule to the left .....  
Enter the tax due amount here \$ \_\_\_\_\_  
**PLUS** ..... (# of sellers \_\_\_\_\_ x \$5 = \$ \_\_\_\_\_)  
**EQUALS** ..... Total Tax Due \$ \_\_\_\_\_

**ADMINISTRATIVE OFFICES/WAREHOUSES**  
(Fees based on annual operating expenses when no receipts generated)  
Enter annual operating expenses amount \$ \_\_\_\_\_  
Use Gross Receipts schedule to the left to determine business license tax.

**VEHICLE WHEEL, TOW TRUCK, BUS**  
Number of Vehicles: \_\_\_\_\_ x \$25.00 = Total Tax Due \$ \_\_\_\_\_

**TAXI CABS**  
Taxi Cab: \_\_\_\_\_ Total Tax Due \$ **50.00**

**CONTRACTOR**  
(California Licensed) Total Tax Due **\$50.00**

**TAX EXEMPT ORGANIZATIONS**  
Attach proof of Tax Exempt Status (required for waiver of tax due)

Your Business License will be issued under the provisions of Municipal Code Section 9-1. You are cautioned that this License does not permit operation of a business in violation of other Municipal Code Sections. I declare under penalty of perjury that, to the best of my knowledge and belief, the statements made herein are correct and true and that acceptance of payment does not constitute approval of the Business License. Authorization to conduct business is not granted until issuance of the license.

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

FOR CITY OFFICE USE ONLY

Planning Approval \_\_\_\_\_ Date Approved \_\_\_\_\_ CUP Required? \_\_\_\_\_ CUP # \_\_\_\_\_