



BUSINESS LICENSE APPLICATION

Dear Business License Applicant:

Welcome to the City of Irvine.

The City of Irvine requires all organizations operating within the City to obtain and maintain a business license **PRIOR TO CONDUCTING BUSINESS** (Irvine Municipal Code (IMC) §§ 4-6-201 and 4-6-207). This requirement enables the City to maintain a database of businesses used for police emergency responses, disaster preparedness, sales tax purposes, and demographic studies. Certain public information is also beneficial in providing assistance to the business community for economic development purposes and coordinating business information with other governmental agencies.

- **Before applying for a business license and opening your business, please contact the City of Irvine Development Assistance Center at 949-724-6308 to confirm your business activity meets the land use requirements of the City's Zoning Code.**
- If the business has two (2) or more locations with identical ownership, doing similar business activities and operating within the City, **a completed application is required for each location.**
- Complete the enclosed application and return it with a copy of your current license. An original application is required, a faxed copy cannot be accepted.
- If your business or occupation is licensed by the State of California, you must include a copy of your current state license along with the application.

State Assembly Bill 1379 (AB 1379), approved by Governor Brown on October 11, 2017, requires local jurisdictions to, among other actions, collect a four dollar (\$4.00) fee at the time of issuance or renewal of a business license. For questions regarding this fee, contact the Division of the State Architect at 213-897-3995.

Please call the information line at 949-724-7128 or email at BusinessLicense@cityofirvine.org for further information.

Submit original application along with payment to:

City of Irvine Business Licenses
One Civic Center Plaza
P.O. Box 19575
Irvine, CA 92623-9575

Please note your business name on the memo line of your check.

Thank you for your cooperation.

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AGENCIES TO CONTACT BEFORE STARTING A BUSINESS

COMMUNITY DEVELOPMENT DEPARTMENT (PLANNING & DEVELOPMENT SERVICES)

Contact the City of Irvine Development Assistance Center at 949-724-6308 to confirm your business activity meets the land use requirements of the City's Zoning Code.

BUSINESS ASSISTANCE

1. Department of Industrial Relations: Labor laws and Workers' Compensation
www.dir.ca.gov
2. Trademark and Service Marks: California only
www.sos.ca.gov/business/ts/
3. Federal Patent and Trademarks:
www.uspto.gov
4. U.S. Small Business Administration: Information on aid, counsel, and assisting small businesses
www.sba.gov, 714-550-7420, 5 Hutton Centre Drive #900, Santa Ana, CA, 92701
5. Services Corporation of Retired Executives (SCORE): "How to Start a Business"
www.score.org, 714-550-7369, 9:00 a.m. - 2:00 p.m. Monday - Friday
6. Irvine Chamber of Commerce: Membership information
www.irvinechamber.com, 949-660-9112
7. CalRecycle Waste & Recycling Compliance:
City of Irvine Community Services Department, Mike Byrne, mbyrne@cityofirvine.us, 949-724-6357
Michael Balliet Consulting, LLC, mballiet61@gmail.com, 949-378-2205

California law now requires businesses to recycle (Assembly Bill 341). All businesses that produce four or more cubic yards of trash (equal to 1 dumpster) per week must arrange for recycling services. You must contact the City of Irvine or its recycling consultant, SCS Engineers, for assistance in complying with this law and implementing a recycling program. SCS can provide a free waste analysis to determine the required trash and recycling services for your business. You can also check with SCS to see if you are eligible to receive recycling service free of charge.

OTHER CERTIFICATION, LICENSING, OR PERMIT AGENCIES

1. Secretary of State: Incorporation or reserving business names
www.ss.ca.gov, 916-653-3365, 1230 J Street #100, Sacramento, CA, 95814
2. Orange County Clerk Recorder: Fictitious Business Name; Newspapers may offer this service as well
www.ocrecorder.com, 714-834-2500, Orange County Clerk's Office, 12 Civic Center Plaza #101, Santa Ana, CA, 92702 or 24031 El Toro Road #150, Laguna Hills, CA, 92653
3. Internal Revenue Service (IRS): The IRS requires a SS-4 application to be filled out in order for you to obtain a Federal Employer Identification Number. This number is to be used in place of your Social Security number.
www.irs.gov, 800-829-4933, or fax information to 215-516-3990

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4. California Department of Tax and Fee Administration: Seller's Permit
www.cdtfa.ca.gov, 949-440-3473, 16715 Von Karman Avenue #200, Irvine, CA, 92606
5. Orange County Environmental Health: Health Permits for businesses involved in food services
www.ochealthinfo.com, 714-433-6000, 1241 East Dyer Road #120, Santa Ana, CA, 92705
6. Department of Alcoholic Beverage Control: Licenses to serve alcohol
www.abc.ca.gov, 714-558-4101, 28 Civic Center Plaza #369, Santa Ana, CA, 92701
7. Contractors State License Board: Contractor Licenses
www.cslb.ca.gov, 800-321-2752
8. Department of Consumer Affairs: Auto repair, airplane repair, hairdressers, etc.
www.dca.ca.gov, 800-952-5210
9. Employment Development Department: Disability insurance, income tax withholding, state, payroll, job services, etc.
www.edd.ca.gov, 888-745-3886, 2099 State College Boulevard #401, Anaheim, CA, 92806

LICENSE TERMS

IMC § 4-6-217 states "except in cases otherwise specifically provided for in this chapter, the license term for licenses issued under this chapter shall be for 12 consecutive months, commencing from the first day of the month in which the license application and tax are received by the City."

ANNUALLY RENEWING YOUR BUSINESS LICENSE (RENEWALS)

Much like an automobile or driver's license, it is your responsibility to renew your business license on time each year by submitting the renewal notice in a timely manner. The City will mail courtesy renewal notices to the mailing address on record 45 days prior to expiration. However, if you do not receive a courtesy notice, you are not alleviated from this requirement. If you do not receive your renewal notice within two (2) weeks of your expiration date, please call us at 949-724-7128. Penalties are imposed for late renewal applications.

If you are an out-of-city business, or an out-of-city contractor, and you are not planning to do business in Irvine in the upcoming year, you must sign the "For Closed or Sold Businesses Only" box and return the renewal notice. Upon receipt, we will close your license. If circumstances change and you begin to do business in Irvine again, simply contact us about reactivating your business license. Please note, if your account has been closed or expired for a year or more, you must submit a new application.

NON-PROFIT BUSINESS LICENSE APPLICATION INSTRUCTIONS

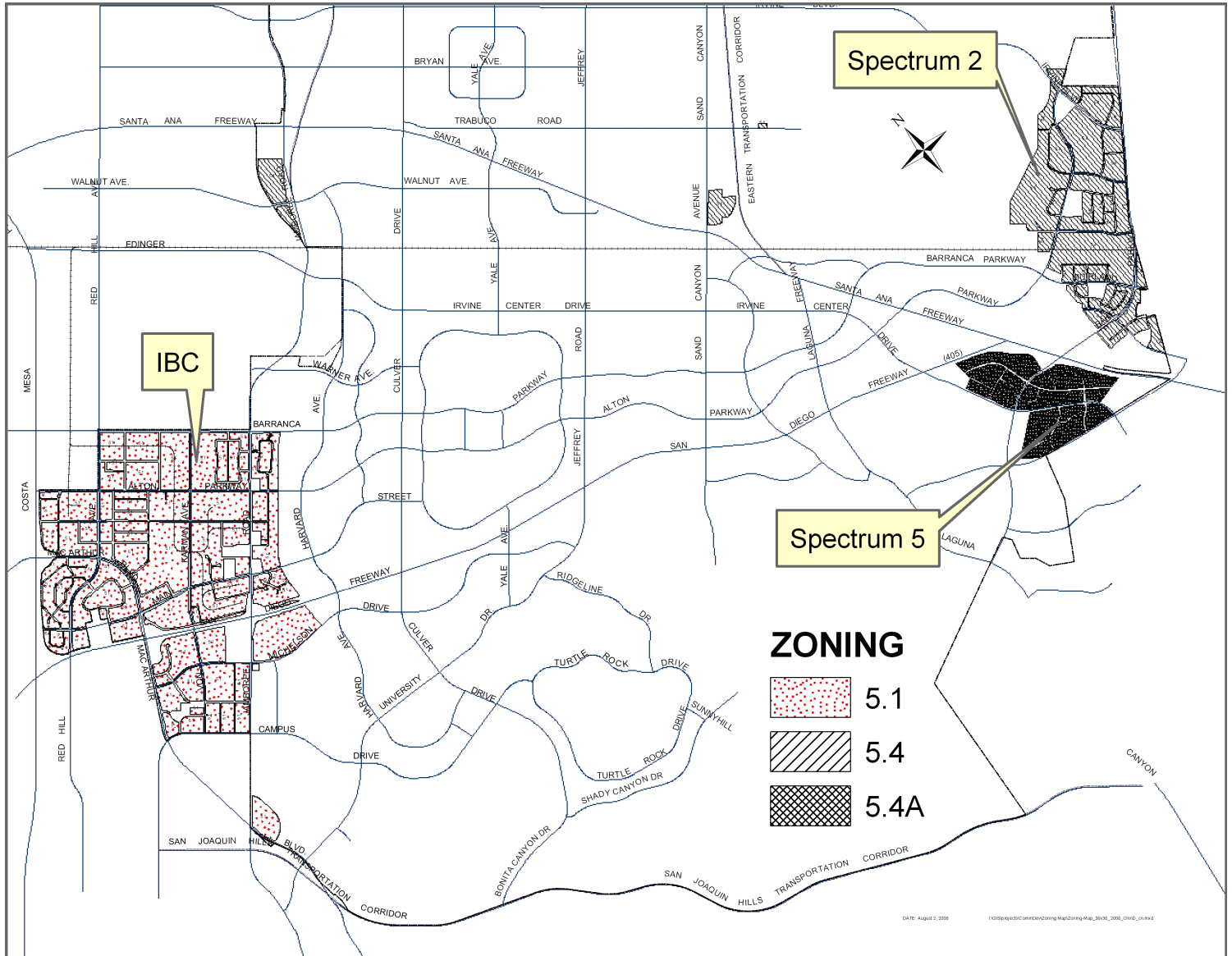
To qualify for a non-profit business license, the City requires that the following documentation be submitted with your application:

1. Your IRS Determination Letter verifying non-profit and/or tax exempt status.
2. If your business activities include door-to-door solicitation, each individual involved in the solicitation process must carry a valid employer/employee identification badge and a copy of your business license.

After review and approval of your non-profit business license application, a Business License Certificate will be issued to your organization.

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ATTENTION BUSINESS OWNERS!



1. Administrative office as a primary land use is a prohibited land use in the 5.4 and 5.4A general industrial zone (see image above).
2. Medical office, restaurant, and other specific uses in the 5.1 Irvine Business Complex (IBC) require a conditional use permit (CUP).
3. To check the zoning of a location, please call the Development Assistance Center at 949-724-6308.
4. You may also search the City of Irvine's "Online Parcel Information" at:
<http://gis.cityofirvine.org/irvinegis>
5. The City of Irvine Zoning Ordinance can also be found online at:
<https://www.municode.com/library/ca/irvine/codes/zoning>



BUSINESS LICENSE APPLICATION

INSTRUCTIONS:

1. All fields are required (if applicable to this business).
2. Be sure to complete and submit all pages of the application.
3. For questions, please contact the Community Development Department via:

MAIL: 1 Civic Center Plaza, PO Box 19575, Irvine, CA 92606

PHONE: 949-724-7128

EMAIL: BusinessLicense@cityofirvine.org

FOR OFFICE USE ONLY

BUSINESS LICENSE# _____

BUSINESS INFORMATION

BUSINESS NAME

ADDITIONAL BUSINESS NAMES (DBA's)

PLEASE BRIEFLY DESCRIBE THE EXACT NATURE OF THE BUSINESS ACTIVITY TO BE CONDUCTED - ONLY ONE (1) BUSINESS ACTIVITY PER APPLICATION (i.e., Physician, Painter, Beautician, etc.)

| | | | | |
|---|-------|-------|----------------|--|
| BUSINESS ADDRESS (P.O. Box and Mail Drop NOT acceptable) | | SUITE | BUSINESS PHONE | |
| CITY | STATE | ZIP | FAX NUMBER | |
| MAILING ADDRESS <input type="checkbox"/> SAME AS BUSINESS ADDRESS | | SUITE | EMAIL ADDRESS | |
| CITY | STATE | ZIP | WEB ADDRESS | |

ATTENTION TO

AUTHORIZED OWNER OR AGENT OF BUSINESS

LIST RESIDENCE ADDRESS, PHONE, TITLE, AND DRIVER'S LICENSE NUMBER OF OWNER, PRESIDENT, PARTNER, CEO, CFO, ETC. (NOTE: The name of the person(s) listed below will be printed on the Business License Certificate.)

| | | | | | |
|--------------------|-------|-----------|--------------------------|----------------|--|
| 1. FIRST NAME | | LAST NAME | | BUSINESS TITLE | |
| RESIDENCE ADDRESS* | | | | PHONE* | |
| CITY | STATE | ZIP | DRIVER'S LICENSE NUMBER* | STATE | |

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BUSINESS LICENSE APPLICATION

ADDITIONAL OWNER OR AUTHORIZED AGENT OF BUSINESS

| | | | | |
|--------------------|-----------|----------------|--------------------------|-------|
| 2. FIRST NAME | LAST NAME | BUSINESS TITLE | | |
| | | | | |
| RESIDENCE ADDRESS* | | | PHONE* | |
| | | | | |
| CITY | STATE | ZIP | DRIVER'S LICENSE NUMBER* | STATE |
| | | | | |

EMERGENCY CONTACT

INDICATE WHOM THE CITY SHOULD CONTACT (OTHER THAN THE OWNER) IN THE EVENT OF AN EMERGENCY (i.e. fire, securing the building, etc.)

| | | | |
|------------|-----------|----------------|--------|
| FIRST NAME | LAST NAME | BUSINESS TITLE | PHONE* |
| | | | |

ADDITIONAL BUSINESS INFORMATION

| | |
|--|------------------------------|
| IS YOUR OCCUPATION LICENSED BY THE STATE? | ESTIMATED ANNUAL GROSS SALES |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | |

| | | |
|--------------------|----------------------|-----------------|
| STATE LICENSE TYPE | STATE LICENSE NUMBER | EXPIRATION DATE |
| | | |

IS YOUR BUSINESS ADDRESS THE SAME AS YOUR **HOME** ADDRESS?

YES NO If YES *and* you live in Irvine, complete the Home Occupation License Application (Form 40-27)

INDICATE THE TYPE OF BUSINESS BEING DONE AT THE IRVINE LOCATION (CHECK ALL THAT APPLY)

| | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> DURABLE GOODS | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> SERVICE |
| <input type="checkbox"/> NON-DURABLE GOODS | <input type="checkbox"/> CANNABIS TESTING LABORATORY | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> CANNABIS, CBD/HEMP RELATED PRODUCTS | |
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> RESEARCH AND DEVELOPMENT | |

SPECIFY (IN DETAIL) GOOD(S) BEING SOLD OR MANUFACTURED

DO ANY PRODUCTS BEING SOLD OR MANUFACTURED CONTAIN CANNABIS, CBD, HEMP, OR RELATED INGREDIENTS?

YES NO If YES, please indicate:

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INDICATE THE TYPE OF OWNERSHIP (CHECK ONE ONLY)

- | | | |
|--|--|--|
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> SOLE PROPRIETORSHIP |
| <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> PARTNERSHIP | OWNER SSN#* _____ |
| <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | <input type="checkbox"/> TRUST | |

IS YOUR ORGANIZATION TAX EXEMPT?

- YES NO If YES, specify below and submit IRS Determination Letter with your Application:
 NON-PROFIT ORGANIZATION ORGANIZATION PAYING IN-LIEU-OF TAXES TO THE STATE

| | |
|---|---|
| FEDERAL EMPLOYER ID (FEIN) (ex. XX-XXXXXXX) | STATE EMPLOYER ID (EDD NUMBER) (ex. XXX-XXXX-X) |
|---|---|

| | |
|---|---|
| STATE SALES TAX NUMBER/SELLER'S PERMIT (RESALE) (ex. XXX-XXXXXX) (REQUIRED FOR RETAIL/WHOLESALE BUSINESS TYPE) | DATE BUSINESS STARTED IN IRVINE OR LATEST JOB START DATE (CONTRACTORS) |
|---|---|

SPECIFY JOB LOCATION IN IRVINE

NUMBER OF OWNERS, FULL/PART-TIME EMPLOYEES, AND CONTRACT WORKERS WORKING AT THIS IRVINE LOCATION ONLY

| | | |
|--------|----------------|--------------------------|
| OWNERS | EMPLOYEES (W2) | CONTRACT WORKERS (10-99) |
|--------|----------------|--------------------------|

| | |
|---------------------------------|----------------------------------|
| DID YOU PURCHASE THIS BUSINESS? | DOES YOUR BUSINESS SELL ALCOHOL? |
|---------------------------------|----------------------------------|

- | | | | |
|--|-----------------------------|---|-----------------------------|
| <input type="checkbox"/> YES; Purchase date: _____ | <input type="checkbox"/> NO | <input type="checkbox"/> YES; ABC License#: _____ | <input type="checkbox"/> NO |
|--|-----------------------------|---|-----------------------------|

DOES YOUR BUSINESS CREATE, STORE, GENERATE, OR USE HAZARDOUS SUBSTANCES OR ANY PRODUCTS THAT ARE CONSIDERED TO BE CORROSIVE, REACTIVE, IGNITABLE, TOXIC, AND/OR OZONE DEPLETERS?

- YES NO

IS THIS APPLICATION MADE TO MOVE AN EXISTING BUSINESS FROM ANOTHER LOCATION IN IRVINE?

- YES NO If YES, provide former address: _____

DOES YOUR BUSINESS HAVE A SECURITY ALARM (IF BUSINESS IS LOCATED IN IRVINE)?

- YES NO If YES, does your location have an Irvine Police Department Alarm Permit?
 YES NO; Please apply at: www.cityofirvine.org/irvine-police-department/alarm-permits

EMPLOYERS MUST HAVE WORKERS' COMPENSATION INSURANCE

I UNDERSTAND THAT UNDER CALIFORNIA LAW, I AM REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE FOR MY EMPLOYEES AT ALL TIMES.

I FURTHER UNDERSTAND THAT MY FAILURE TO HAVE THE APPROPRIATE COVERAGE WILL SUBJECT ME TO CIVIL PENALTIES OF \$10,000 PER EMPLOYEE WHO IS NOT COVERED BY WORKERS' COMPENSATION AND CRIMINAL PENALTIES OF UP TO ONE (1) YEAR IN JAIL AND/OR A FINE OF UP TO \$10,000.

(CONTINUED ON NEXT PAGE)

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I KNOW THAT EVEN IF I DO NOT HAVE EMPLOYEES RIGHT NOW, I WILL BE REQUIRED TO GET WORKERS' COMPENSATION COVERAGE AS SOON AS I HAVE ONE OR MORE EMPLOYEES.

YES BY MARKING YES, I ACKNOWLEDGE AND UNDERSTAND THE STATEMENTS ABOVE.

DISABILITY ACCESS

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:

DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa
DEPARTMENT OF REHABILITATION: www.rehab.cahwnet.gov
CALIFORNIA COMMISSION ON DISABILITY ACCESS: www.cdda.ca.gov

AGREEMENT

APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE AND PAYMENT.

I UNDERSTAND THAT THE ISSUANCE OF A CITY OF IRVINE BUSINESS LICENSE IS NOT A REGULATORY LICENSE TO OPERATE. IT IS THE RESPONSIBILITY OF THE APPLICANT/LICENSEE TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF IRVINE CODES, CITY ZONING ORDINANCES, AND STATE AND FEDERAL LAWS. NON-COMPLIANCE MAY RESULT IN THE CITY REVOKING THE BUSINESS LICENSE. PLEASE CONTACT THE DEVELOPMENT ASSISTANCE CENTER AT 949-724-6308 TO CONFIRM YOUR BUSINESS MEETS THE REQUIREMENTS OF THE CITY'S ZONING CODE.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

PRINT APPLICANT NAME AND TITLE

APPLICANT SIGNATURE

DATE SIGNED

COMPUTATION OF FEES

| | | |
|---|-----------|----------|
| (A) AB 1379 STATE MANDATED FEE: | | \$ _____ |
| (B) BUSINESS LICENSE FEE: | | \$ _____ |
| ENTER AMOUNT THAT APPLIES (Effective 08/01/2019): | | |
| - 0-4 EMPLOYEES | \$ 66.00 | |
| - 5 or MORE EMPLOYEES | \$ 92.00 | |
| (C) PRIOR YEAR ADJUSTMENT / PENALTY FEES: | | \$ _____ |
| ENTER AMOUNT THAT APPLIES; IF THE START DATE IS: | | |
| - LESS THAN 60 DAYS | \$ 0.00 | |
| - GREATER THAN 60 DAYS, BUT LESS THAN 1 YEAR | \$ 69.00 | |
| - GREATER THAN 1 YEAR, BUT LESS THAN 2 YEARS | \$ 138.00 | |
| - GREATER THAN 2 YEARS, BUT LESS THAN 3 YEARS | \$ 207.00 | |
| - GREATER THAN 3 YEARS | \$ 276.00 | |

NOTE: MAKE CHECKS PAYABLE TO "CITY OF IRVINE BUSINESS LICENSE" AND INCLUDE YOUR BUSINESS NAME ON THE MEMO LINE OF YOUR CHECK.

TOTAL FEES (A + B + C) = \$ _____

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