



City of Agoura Hills Business License Application

30001 Ladyface Court, Agoura Hills, CA 91301

Finance Department: (818) 597-7320 - Planning Department: (818) 597-7328

It is the Business Owner's responsibility to notify the Planning or Finance Departments immediately if there are any changes to the business entity from the information submitted on this application. A Business License is valid for a period of one year from the date of issuance. It is the Business Owner's responsibility to renew the Business License prior to the expiration date, whether they receive a renewal notification or not. **Please type or print legibly.**

Business Name: _____	PLEASE CHECK ONE OR MORE:
DBA if Any: _____	<input type="checkbox"/> New Application includes
Non Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide proof) Start Date: _____	<input type="checkbox"/> Change Of Address
Business Address: _____	<input type="checkbox"/> Change of Business Name/Partner
City, State, Zip: _____	<input type="checkbox"/> If Renewal, acct no.:
Days/Hours of Operation: _____	Business location: <input type="checkbox"/> within the City <input type="checkbox"/> outside the City
Mailing Address if different than above: _____	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> If tenant, provide ownership approval

OFFICIAL USE ONLY	
Parking Rqmt: _____	_____
Email: _____	Square Footage: _____ (If within Agoura Hills)
Bus. Phone: _____	Zoning: _____
Bus. Fax: _____	Planning Dept. Review: _____
No of Employees: _____ (If within Agoura Hills)	Building & Safety Review: _____
	Finance Dept. Review: _____

Business Description: _____

Please provide your business NAIC or SIC Code, if known, here: _____

Ownership: Corporation Ltd Liability Partnership Sole Proprietor Trust

State Lic. No: _____ License Type: _____ Expiration Date: _____

Resale No: _____ Employer I.D. No.: _____

Business Owners, or Corporate Officers - Use additional sheets as necessary

Owner's Name: _____ Title: _____ Phone No.: _____

Address: _____ City: _____

State/Zipcode: _____ Email: _____

Owner's Name: _____ Title: _____ Phone No.: _____

Address: _____ City: _____

State/Zipcode: _____ Email: _____

For businesses located within the City, please provide an emergency contact:

Contact Name: _____ Phone No.: _____

Address: _____

Email: _____ Relationship: _____

<input type="checkbox"/> Category A	Permitted businesses not included in Category B or C	\$69.00 + State Fee: \$4.00	\$73.00
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<input type="checkbox"/> Category B	<input type="checkbox"/> Ambulance Driver <input type="checkbox"/> Ambulance Operator <input type="checkbox"/> Ambulance Vehicle <input type="checkbox"/> Apartment Houses (16+Units)				
Outside Agencies Approval	<input type="checkbox"/> Auto Body & Fender	<input type="checkbox"/> Auto Paint Shop	<input type="checkbox"/> Boarding House	<input type="checkbox"/> Carnival Game Booth	<input type="checkbox"/> Circus/Travel Show
	<input type="checkbox"/> Coin Game	<input type="checkbox"/> Cold Storage Warehouse	<input type="checkbox"/> Farmers Market	<input type="checkbox"/> Filling Station	<input type="checkbox"/> Food Est. (Food Sales)
	<input type="checkbox"/> Hay, Grain, Feed	<input type="checkbox"/> Hotel (16+Rooms)	<input type="checkbox"/> Launderette/Laundromat	<input type="checkbox"/> Livery Stable	<input type="checkbox"/> Lumber Yard
	<input type="checkbox"/> Motor Vehicle Rental	<input type="checkbox"/> Plant Nursery	<input type="checkbox"/> Public Eating (restaurants)	<input type="checkbox"/> Taxi Cab Vehicles	<input type="checkbox"/> Tow Truck
-See Fee List -					

<input type="checkbox"/> Category C	<input type="checkbox"/> Acupressure/ Acupressure Tech. <input type="checkbox"/> Adult Business <input type="checkbox"/> Billiard Room <input type="checkbox"/> Bookstore <input type="checkbox"/> Carnival				
Background Check/ Fingerprinting	<input type="checkbox"/> Dance Studio	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Exhibition (w/ entry fee)	<input type="checkbox"/> Game Arcade	<input type="checkbox"/> Gun Dealer
	<input type="checkbox"/> Locksmith	<input type="checkbox"/> Massage Establishment Owner (Owns 5% or more of business & is not certified under state massage therapy laws)		<input type="checkbox"/> Model Studio	<input type="checkbox"/> Motor Vehicle Repair
	<input type="checkbox"/> Outdoor Festival	<input type="checkbox"/> Pawnbrokers/ Second Hand Dealers	<input type="checkbox"/> Peddling-Door-to-Door Sales	<input type="checkbox"/> Psychic Reading	<input type="checkbox"/> School Private
	<input type="checkbox"/> Spa / Gym (Water component)	<input type="checkbox"/> Taxi Cab Driver	<input type="checkbox"/> Taxi Cab Operator	<input type="checkbox"/> Theater	
-See Fee List -					

Acceptance of payment does not constitute approval of a Business License. Authorization to conduct business is not granted until license is issued. I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct, and complete statement made in good faith. I understand and agree that the granting of this business license requires my compliance with all applicable City of Agoura Hills Municipal Code provisions, state, local, and federal laws, and all conditions set forth above. I also understand and am familiar with such local, state, and federal laws, and agree that any failure to fully comply with all such local, state, and federal laws and conditions set forth above may result in revocation of this license.

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/Home.aspx -The Department of Rehabilitation at www.rehab.cahwnet.gov – The California Commission on Disability Access at www.ccda.ca.gov.

Signature of Owner or Representative: _____ Date: _____

OFFICIAL USE ONLY

Comments:	Quantity	Rate	Total	Method of Payment
Category A Annual Fee: (\$69.00)				<input type="checkbox"/> Cash
				<input type="checkbox"/> Credit Card
Category B & C Annual Fee:				<input type="checkbox"/> Check No(s)
Background/Fingerprinting Fee: (\$88.40 per hour & per individual)				
State Fee: (\$4.00)				
Late Fee: (\$25.00)				
Total Fees:				

Please remember to call the City Finance Department at (818) 597-7320 to close your account if you are no longer conducting business in the City