



City of Agoura Hills Business License Application

30001 Ladyface Court, Agoura Hills, CA 91301

Finance Department: (818) 597-7320 - Planning Division: (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: <input type="checkbox"/> New Application includes <input type="checkbox"/> New/Change Of Address <input type="checkbox"/> New/Change of Bus. Name/Partner <input type="checkbox"/> If Renewal, acct no.: Business location: <input type="checkbox"/> inside the City <input type="checkbox"/> outside the City <input type="checkbox"/> Home Occupation <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> If tenant, provide ownership approval
DBA if Any: _____	
Non Profit: <input type="checkbox"/> Yes <input type="checkbox"/> No (Provide proof) Start Date: _____	
Business Address: _____	
City, State, Zip: _____	
Days/Hours of Operation: _____	
Mailing Address if different than above: _____	

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

Business Description:

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the **SB205 NPDES** permit program? If yes, please provide the **NPDES/WDID# and SIC#** below

WDID#: _____	SIC#: _____	NAIC#: _____
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		
CSLB License No.: _____	License Type: _____	Expiration Date: _____
EIN/SEIN No.: _____	Seller's Permit No.: _____	

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

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

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

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

Emergency 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 -See Fee List -	<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				

<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 -See Fee List -	<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				

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.cdda.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