



# CITY OF LONG BEACH

Department of Financial Management

411 West Ocean Blvd., 2nd Floor

Long Beach, CA 90802

(562) 570-6211

Fax (562) 499-1094

TEDD (562) 570-5832

<Date>

<Business Name>

<Address>

<City><State><Zip Code>

**RE: Notice to Apply for City of Long Beach Business License  
Notice Number: 2019-XXXX**

Dear Business Owner:

Thank you for choosing to do business in the City of Long Beach. Through our research, we have identified that you may be operating a business without the required City business license. Long Beach Municipal Code (LBMC) Section 3.80.210 requires all persons and/or entities conducting business within the City to obtain a business license prior to operating a business in Long Beach. To ensure compliance with the Long Beach Municipal Code (LBMC), **please apply for each separate entity/business activity by <Deadline>**.

You must complete and submit the business license application as found on the back of this letter with the Notice Number by the stated deadline. You may submit the application in person or by mail to:

City of Long Beach Business License Division  
411 W. Ocean Blvd. 2nd Floor  
Long Beach, CA 90802

If you believe you have received this notice in error, please complete and return the Request for Business Tax Review form located at [www.longbeach.gov/blcomply](http://www.longbeach.gov/blcomply) by the deadline noted above. Be sure to include Notice Number 2019-XXXX on all correspondence.

Please keep a copy of this letter for your records. If you have any questions, visit our website at [www.longbeach.gov/blcomply](http://www.longbeach.gov/blcomply) or contact us at [LBBIZ@longbeach.gov](mailto:LBBIZ@longbeach.gov) or (562) 570-6211.

Sincerely,

City of Long Beach  
Business License Division



CITY OF LONG BEACH BUSINESS LICENSE APPLICATION
Second Floor, City Hall
411 W. Ocean Boulevard, Long Beach, CA 90802

www.longbeach.gov
LBBIZ@LongBeach.gov
(562) 570-6211

GENERAL INFORMATION

OWNER/ENTITY NAME, DRIVER'S LICENSE NO, STATE, SOCIAL SECURITY NO., HOME OCCUPATION, BUSINESS NAME (D.B.A), TYPE OF BUSINESS (BE SPECIFIC), EMAIL, BUSINESS ADDRESS, BILLING ADDRESS, RESIDENCE ADDRESS, LIST OF PRINCIPAL OFFICERS, MEMBERS, PARTNERS AND RESIDENTIAL ADDRESSES (IF MORE, PLEASE ATTACH A LIST)

New Business, Address Change, Ownership Change, Secondary License, Sole Owner, Partnership, Corporation, LLP, L.L.C.

BUSINESS OPERATIONS INFORMATION

START DATE, NO. OF EMPLOYEES, NO. OF VEHICLES, FEDERAL TAX ID. NUMBER, SALES & USE TAX (SELLER'S PERMIT) NO., DOES YOUR BUSINESS HAVE A CALIFORNIA STATE LICENSE?, CLASSIFICATION(S), RENEWAL DATE, HAVE YOU EVER HAD A BUSINESS LICENSE//PERMIT REVOKED OR SUSPENDED?, LICENSE//PERMIT NO., ISSUING AGENCY, CLASSIFICATION & DATE OF SUSPENSION/REVOCATION

FOOD / ALCOHOL / TOBACCO / ENTERTAINMENT

Do you plan to sell or serve food? (Includes pre-packaged) If serving food, how many seats?: Do you plan to sell or serve alcoholic beverages? ABC License number: Type: Conditions Included: (If yes, please attach to application) Does your business have amusement machines, video games, vending machines, jukebox and/or pool tables? How many: Type: Owner: Do you plan to sell tobacco products/paraphernalia? Do you plan to operate a Smoking Lounge? Will you deal with, use, store or transport cannabis? Will you have Music Dancing Performers Adult Entertainment?

SERVICES / FUND RAISING

Will you offer massage, tanning, herbal therapy, escort or any other services that improve the health or well being of another? Will you engage in fund raising? Will you deal in coins, firearms, jewels or second-hand property? Will you perform Parking Management? If so, please attach a detailed list of all activities?

BUILDING AND FACILITY INFORMATION

Property Owner's Name: Business sq. ft.: Warehouse on site? Do you: Own or Rent/Lease your business property?

HAZARDOUS MATERIALS / MEDICAL WASTE

Will you manage or produce bio-hazardous materials or waste? Will you use, store, or transport chemicals (new or waste state)?

ACKNOWLEDGMENT TO BE COMPLETED BY SOLE OWNER, PRINCIPAL OFFICERS, MEMBERS OR PARTNERS

I understand that before I can operate my business in Long Beach, my establishment must comply with applicable City departmental laws and regulations completely and I must obtain a business license and all necessary Federal State and local permits or I will be in violation of L. B. M. C. Chapter 3.80. I declare that I am authorized to complete this application and that the information and statements provided are true and correct. SIGN and return this statement with your remittance. Make checks payable to City of Long Beach.

Signature Date PRINT NAME/TITLE

DO NOT WRITE BELOW THIS LINE

Inspection(s): Bldg Fire Health HazMat PD Other, Basic Tax, Employees, Vehicles, Other, PIA, PIA Employees, Regulatory, Investigation, Misc. Fees, Sub Total, Zoning, Building Review, Total, Prev Use, Exp Date, District, CRT, SIC, NAICS, Entered by, Date, Zoning Review, By, Date, New construction Reuse Zone, Comments