



APPLICATION FOR SMALL BUSINESS INCENTIVE PROGRAM

CITY OF LONG BEACH – BUSINESS SERVICES BUREAU

333 W. Ocean Blvd., 4th Floor, Long Beach, CA 90802

562.570.6200 | lbbiz@longbeach.gov | www.longbeach.gov

BUSINESS APPLYING FOR INCENTIVE

OWNER/ENTITY NAME	TYPE OF BUSINESS (BE SPECIFIC)
-------------------	--------------------------------

BUSINESS NAME (D.B.A)	EMAIL:
-----------------------	--------

BUSINESS ADDRESS NUMBER	STREET	CITY	STATE	ZIP	AREA CODE/TELEPHONE
-------------------------	--------	------	-------	-----	---------------------

<input type="checkbox"/> New Business <input type="checkbox"/> Existing Business	If you are currently a licensed business in Long Beach please provide your license number: _____	<input type="checkbox"/> Expanding or Relocating	<input type="checkbox"/> Manufacturing
		<input type="checkbox"/> Adding Employees	<input type="checkbox"/> Renovation or Construction

A. EXPANDING OR RELOCATING BUSINESS INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS (10 EMPLOYEES OR LESS)? Y N

ARE YOU RELOCATING FROM ANOTHER CITY OR ADDING AN ADDITIONAL LOCATION IN LONG BEACH? RELOCATING ADDITIONAL LOCATION

PLEASE PROVIDE PROOF OF RELOCATION e.g.(COPY OF BUSINESS LICENSE FROM THE PREVIOUS CITY)

B. MANUFACTURING BUSINESS INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS)? Y N

ARE YOU STARTING A NEW MANUFACTURING BUSINESS IN LONG BEACH OR RELOCATING A MANUFACTURING BUSINESS TO LONG BEACH?	WHAT ARE YOU MANUFACTURING?
<input type="checkbox"/> NEW <input type="checkbox"/> RELOCATING	_____

C. CREATING JOB INFORMATION (THIS EMPLOYEE COUNT WILL BE THE BASIS FOR ANY FUTURE BILLING)

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS) Y N

CURRENT NUMBER OF EMPLOYEES: _____	HOW MANY EMPLOYEES ARE YOU ADDING? _____	TOTAL NUMBER OF EMPLOYEES: _____
------------------------------------	--	----------------------------------

D. RENOVATION AND CONSTRUCTION INFORMATION

DO YOU MEET THE QUALIFICATIONS AS A SMALL BUSINESS? (10 EMPLOYEES OR LESS) Y N

DID THE ABOVE BUSINESS PAY AT LEAST \$2,000 FOR CONSTRUCTION OR RENOVATION COSTS RELATED TO THE PERMIT INDICATED BELOW? Y N

PLEASE INDICATE THE PERMIT NUMBER OF THE CURRENT AND PAID RENOVATION OR CONSTRUCTION PERMIT FOR THE ABOVE BUSINESS: _____ (PLEASE ATTACH A COPY)	PLEASE INDICATE THE VALUE OF THE RENOVATION OR CONSTRUCTION REPORTED ON THE PERMIT \$ _____
--	---

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

I represent that I am an authorized representative of the business applying for the incentive, that the information above is true and correct and that employee counts will be used to update any existing and/or new business license information. I understand that information may be independently verified and that any materially inaccurate information will make the business ineligible for the incentive and repayment will be required if an incentive has been received. I acknowledge that the jobs incentive may be recovered on a pro rata basis. If I subsequently reduce employees in the next four years. I also understand this application does not identify all the rules and regulations concerning this incentive program.

Signature _____ Date _____

Print Name/Title _____

FOR OFFICE USE ONLY

Inspection(s): <input type="checkbox"/> Building <input type="checkbox"/> Business License	<p style="text-align: center;">Approval Y N N/A</p> <p>By: _____</p> <p>Date: _____</p> <p>Incentive: A B C D</p> <p>Comments: _____</p>
Incentive Code: _____ Incentive Credit Amount: \$ _____	
Employees: # _____ @ \$ _____ = _____	