



BUSINESS LICENSE APPLICATION

CITY OF ORANGE

www.cityoforange.org

APARTMENT RENTALS

Business License
300 E. Chapman Ave

Phone (714) 744-2270
Fax (714) 288-2170

P.O. Box 11024
Orange
CA 92856-8124

PRINT IN BLACK OR BLUE INK ONLY

CITE NO.
ACCOUNT NO.

INCOMPLETE APPLICATIONS WILL BE REJECTED

<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Name – Previous Name _____
<input type="checkbox"/> Change to Existing Orange Business License	<input type="checkbox"/> Change of Ownership – Previous Owner _____

1 Owner of Property

2 Rental Property Address

3 City, State, Zip Code

4 Mailing Address

5 Name of Corporation / Trust (if different from above)	6 <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____
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7 Business Phone	8 Business Fax	9 Social Security # (Sole Owner)	10 Federal Tax ID
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11 Date of Legal Transfer of Ownership	12 # of Rented Units	# of Owner Occupied Units	Total # of Rental Units	
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13 Description of Business Activity:
Business of Apartment/Residential Property Rental per O.M.C Sections 5.02.040 and 5.15.150.

14 Email	Web Site	15 # Coin operated Amusement/Game Machines _____ # Vending Machines _____
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16 Owner, Partner, President, or Trustee Name & Title	
Residential Address	Drivers Lic #
City, State, Zip Code	Cell Phone
17 Officer, Partner, or Contact Name & Title	
Residential Address	
City, State, Zip Code	Cell Phone

20 Property Manager's Name	Phone
Ground Maintenance Company	Phone
General Repair	Phone
Washer /Dryer Service	Phone
Carpet Cleaner	Phone
Painter	Phone
Electrician	Phone
Plumber	Phone

18 Emergency Contact / Relationship	Phone
19 Emergency Contact / Relationship	Phone

I hereby certify under penalty of perjury that the above information is correct and I am an authorized representative of this business. I understand I must fulfill all requirements of the Orange Municipal Code in order to operate my business. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession. When I close/cease my business, I am required to submit a statement within 30 days, per O.M.C. 5.10.010. I agree to conform to Orange Municipal Code Section 5.02.040.

Signature: _____ Name/Title: _____ Date: _____

TOTAL DUE WITH APPLICATION: \$115.00 (Gross Revenue) OR \$280.00 (Flat Tax)

Gross Revenue Tax: \$76.00 Application Fee + \$35 Minimum Tax + \$4.00 State Fee* (Renewal will be based on Gross Revenue)
OR Flat Tax: \$76.00 Application Fee + \$200.00 Flat Tax + \$4.00 State Fee*

TAX SCHEDULE: G49 / F50 TYPE: S 050 LINKED _____	VISA / MC / CASH / CK # _____	EXPIRATION DATE: _____
REMARKS:	TOTAL DUE: _____	

NOTE: You are responsible to keep your Business License current, even if you do not receive a Renewal Notice.

- Make checks payable to: **City of Orange**
- Visa and MasterCard also accepted. Fax to: (714) 288-2170
- Application Fee and *State Fee are non-refundable
- Gross Receipts per OMC 5.14.170
- For further information on payments, call (714) 744-2270
- You will be asked to send an updated list of your service providers each year. You will not be able to renew on-line until this is received.

***State Mandated Fee (\$4.00) for Disability Access & Education Revolving Fund:**

On October 11, 2017, Governor Brown signed into law Assembly Bill 1379, increasing the State Mandated Fee from \$1.00 to \$4.00 for any renewal or application for a business license or permit, effective January 1, 2018. This fee will provide a funding source for increased education on disability access and compliance with construction-related accessibility requirements to facilitate compliance with the federal and state disability laws.

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. Obtain more information about legal obligations and complying with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx or call (916) 445-8100.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.cdda.ca.gov.

FICTITIOUS BUSINESS NAME / DBA

County Clerk Recorder www.ocrecorder.com/services/fictitious
 12 Civic Center Plaza, Room 101
 Santa Ana, CA 92701
 (714) 834-2500

HEALTH AND FOOD CONCERNS

Orange County Health Department www.ocfoodinfo.com
 1241 E. Dyer Rd Suite 120
 Santa Ana, CA 92705
 (714) 433-6000

BUSINESS INTERESTS

Chamber of Commerce www.orangechamber.com
 1940 N Tustin Street Suite 107
 Orange, CA 92865
 (714) 538-3581

STATE OF CALIF PERMIT ASSISTANCE CENTER

www.calgold.ca.gov

SMALL BUSINESS ADMINISTRATION

(800) 827-5722 www.sba.gov

FEDERAL TAX IDENTIFICATION NO.

Internal Revenue Service Tax Information
 (800) 829-1040 www.irs.gov

CITY OF ORANGE OFFICES:

Location: 300 E. Chapman Ave., Orange, CA 92866 **Mailing Address:** P.O. Box 11024, Orange, Ca 92856-8124
Hours: 7:30 a.m. - 5:30 p.m. Monday – Thursday & alternate Fridays (See website)
Website: www.cityoforange.org **Email:** businesslicense@cityoforange.org

Business License Division	(714) 744-2270	Code Enforcement	(714) 744-7244
Building Department	(714) 744-7200	Police Department	(714) 744-7380
Building Inspection Request	(714) 744-7216	Fire Department	(714) 288-2500
Planning and Zoning	(714) 744-7220	Utility Billing	(714) 744-2233

CREDIT CARD AUTHORIZATION

(CREDIT CARD PAYMENTS CANNOT BE ACCEPTED FOR LESS THAN \$10.00 OR IN EXCESS OF \$5,000.00)

M/C or Visa _____ Exp. Date: _____ Amount Authorized: \$ _____
 Security Code (last 3 digits on back of card): _____ Name on Card: _____
 Signature: _____ Home Ph #: () _____ Work Ph #: () _____
 Billing Address: _____
 Street City State Zip