

BUSINESS LICENSE APPLICATION CITY OF ORANGE

www.cityoforange.org

COMMERCIAL PROPERTY 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.				
INCOMPLETE APPLICATIONS WILL BE REJ		ACCOUNT NO.						
☐ New Application		Change of Name – Previous Name						
☐ Change to Existing Orange Business Lice	Change to Existing Orange Business License Change of Ownership – Previous Owner							
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 □ Sole-Pro	prietorship [Corporation LLC			
			☐ Partners	_				
	_							
7 Business Phone 8 Busin	ness Fax	9 Social Security # (So	le Owner)	Federal T	Tax ID			
Date of Legal Transfer of Ownership		Number of Occupie	d Rental Units	13 Total Nu	13 Total Number of Rental Units			
Description of Business Activity:								
RENTAL OF NON RESIDENTIAL / COMMER	CIAL / INDUSTRIAL F	PROPERTY IN ORANGE						
15 Email	Web Site	16						
			# Coin operate # Vending Mad		Game Machines			
			" Tonding mad					
Owner, Partner, President, or Trustee Name Title		Pro	Property Manager's Name		Phone			
B : 1 : 1 1 1	B: 1: "							
Residential Address	Drivers Lic #	Janitorial Service			Phone			
City, State, Zip Code	Cell Phone		Ground Maintenance Comp		Phone			
7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			Ground Maintenance Company		T Hone			
18 Officer, Partner, or Contact Name Title		Office Ed	Office Equipment Service		Phone			
Desidential Address		IAC Comico		Dhana				
Residential Address		Heating /	Heating / AC Service Phone					
City, State, Zip Code	Cell Phone	Window	/indow Cleaner		Phone			
19 Emergency Contact - Name/Title Phone		Other Se	Other Service Phone		Phone			
Emergency Contact - Name/Title	Phone							
I hereby certify under penalty of perjury that property. I understand I must fulfill all requir								
this business in conformance with all ap								
nonresidential rental property. When I cease			statement within	30 days, per O	M.C. 5.10.010. I agree to			
conform to Orange Municipal Code Section 5.								
Signature:		Date:						
Print Name:		Title:						
		A40500			NT 1 10T			
TOTAL DUE WITH APPLICATION: \$105.00 REMINDER: ATTACH TENANT LIST								
	Annlication Eco. ¢7	'6.00 Tax: \$25.00 *St	ata Faa: \$4 00					

TAX SCHEDULE: G14	SUB TYPE: S255	LINKED	VISA/MC/CASH/CK #	EXPIRATION DATE:
REMARKS:				TOTAL DUE:\$105.00

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

Signature:

Billing Address: _____

- 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.ccda.ca.gov.

FICTITIOUS BUSINESS NAME / DBA		County Clerk Rec 12 Civic Center Pla Santa Ana, CA 927 (714) 834-2500	aza, Room 101	www.ocrecorder.com/services/fictitious	
HEALTH AND FOOD CONC	ERNS	Orange County Ho 1241 E. Dyer Rd S Santa Ana, CA 927 (714) 433-6000	uite 120	www.ocfoodinfo.com	
BUSINESS INTERESTS		Chamber of Com 1940 N Tustin Stre Orange, CA 92865 (714) 538-3581	et Suite 107	www.orangechamber.com	
STATE OF CALIF PERMIT A	ASSISTANCE CENTER			www.calgold.ca.gov	
SMALL BUSINESS ADMINIS	STRATION	(800) 827-5722		www.sba.gov	
FEDERAL TAX IDENTIFICA	TION NO.	Internal Revenue (800) 829-1040	Service Tax Information	n www.irs.gov	
CITY OF ORANGE OFFICES	3 :				
Location: Hours: Website:	300 E. Chapman Ave., Orange, CA 92866 Mailing Address: P.O. Box 11024, Orange, Ca 92856-8124 7:30 a.m 5:30 p.m. Monday – Thursday & alternate Fridays (See website) www.cityoforange.org Email: businesslicense@cityoforange.org				
Business License Division Building Department Building Inspection Request Planning and Zoning	(714) 744-2270 (714) 744-7200 (714) 744-7216 (714) 744-7220	Code Enforcement Police Department Fire Department Utility Billing	(714) 744-724 (714) 744-738 (714) 288-250 (714) 744-223	0 0	
	CRI	EDIT CARD AUTHO		SS OF \$5,000.00)	
M/C or Visa		Exp. Date:	Amount Author	ized: \$	
Security Code (last 3 dig	gits on back of card):	Name on Card:			

__ Phone #: __

State

Zip

City