



City of La Habra Heights

Building Division

Business License Application

1245 N. Hacienda Road
 La Habra Heights, CA 90631
 Office: (562) 694-6302 Fax: (562) 690-5010

Date Stamp

Please fill out this form completely in order to be considered for a Business License. Under Chapter 10.2 of the City of La Habra Heights Municipal Code any non-exempt business within the City of La Habra Heights must possess a valid business license.

Applicant Information

New Application Renewal Change of Address Change of Owner

Business Name/DBA:

Business Owner(s) Name:

Business Address (Mailbox vendor addresses are permitted with correct authorization forms)

Address:

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Business Description:

Ownership Type: Corporation Sole Partnership L.L.C. Trust

Mailing Address (if different from above)

Address:

City: _____ State: _____ Zip: _____ Phone: _____

Additional Information (Only one form of identification is necessary)

State Contractor License # (if applicable):

License Type:

Federal ID or SSN #:

CA Drivers Lic. #

CA ID #

Individual Taxpayer ID #

Will you be operating the business out of your home in La Habra Heights? Yes No

If yes, fill out a **Home Occupation Disclosure Form**

Will you be using any Subcontractors? Yes No If yes, submit a **Subcontractor List** (required prior to final inspections of projects)

Will you be using any vehicles in the City of La Habra Heights? Yes No If yes, submit additional payment for **Vehicle Decal Fee**

Workers' Compensation (For contractors only)

I certify that I will not employ any person in any manner so as to become subject to the workers' compensation laws of California, as provided by Section 3700 of the California Labor Code

I have and will maintain workers' compensation insurance or a certificate of consent to self-insurance for worker's compensation, as provided by Section 3700 of the California Labor Code, for the duration of any business activities conducted for which this license is issued

I declare under penalty of perjury that I am authorized to make this binding statement on behalf of the business or individual identified above. The statements made are true and in compliance with the City of La Habra Heights Municipal Code.

Print Name

Date

Signature

Title

Fees:	
Fee Schedule	Fees Due
Business License Fee: \$29.00	
Vehicle Decal Fee: \$7.00 per vehicle	
Total Due:	

**Please make checks payable to:
 City of La Habra Heights**

Office Use Only		
Receipt #:	Received By:	Fees Paid:
Business License #:	Expiration Date:	Vehicle Decal(s) #: