PRINCIPAL PEDDLER/SOLICITOR APPLICATION

Business License Department
(562) 866-9771 Ext 2622 | BusLic@LakewoodCA.Gov

Date _____

Business Name _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Following is a list of conditions and procedures required by the City of Lakewood to permit solicitors per Lakewood Municipal Code 6527.2.G.23 and 6403.8.J:

____ Completed business license application (Rate = $610.00 + $4.00 State Mandated Fee).

____ The Owner or President of the company must provide the City of Lakewood a letter stating all employees that will be soliciting services/products within the City and must notify the City of any personnel changes within 5 calendar days.

____ Each employee must go through a background check conducted by the L.A. County Sheriff's Department (Live Scan Form Attached). There is a $138.20 investigation fee per employee.

____ Provide the City of Lakewood with a "Hold Harmless Agreement" signed by an authorized agent of the corporation or business (Attached).

____ Soliciting is prohibited between 7 p.m. and 8 a.m. Monday-Saturday, and anytime on Sunday and City holidays[1].

____ Each employee must carry a company identification card and a copy of a City issued business license certificate.

____ Solicitors must comply with requests to leave and obey signs bearing the words: "No Trespassing," "No Soliciting," "No Peddlers or Agents," "No Advertisement," or any similar notice.

____ Please describe the nature of the type of soliciting to be performed:

____ Please provide the length of time for which right to do business is desired (i.e., weeks, months, years, etc.):

[1] Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, Day after Thanksgiving, Christmas Eve Day, Christmas Day, New Year's Day, Martin L. King Day, President's Day, Cesar Chavez Day, Memorial Day, and Juneteenth

CITY OF LAKEWOOD BUSINESS LICENSE

Business License Division, P.O. Box 220, Lakewood, CA 90714
Tel: 562-866-9771 x 2622, E-mail: BusLic@Lakewoodcity.org

ANNUAL BUSINESS LICENSE APPLICATION (JULY 01- JUN 30)

****APPLICANT MAY SUBMIT NEW BUSINESS LICENSE APPLICATION IN PERSON OR BY MAIL. ADDITIONAL DEPARTMENT APPROVAL MAY BE REQUIRED****

PLEASE FILL ALL APPLICABLE ITEMS. FIELDS WITH AN ASTERISK (*) ARE REQUIRED. PLEASE PRINT CLEARLY:

Business Name/ DBA*:		Business Phone *:	Business Email Address:	
Name of Owner*:		Phone:	Email Address:	
Business Address*:	Ste./Apt.	City	State	Zip
Mailing Address (if different from above):	Ste./Apt.	City	State	Zip

Describe your Business Operations*:

Federal I.D./Last 4-digit of Social Security#*:	State Contractor No.(contractors only):	ABC License No:	Industrial Waste Permit No.:	Resale No.

Ownership: ☐ Corporation ☐ Partnership ☐ Sole Proprietor

Type of Business*: ☐ Retail ☐ Wholesale ☐ Manufacturing ☐ Home Occupation ☐ Other: _____

No. of Employees (including self)*	Annual Gross Receipts (estimate) $	Unit Count (Vending Machines, etc)	Other Taxable Units

Pro-rated Fee Schedule: (Please adjust fee based on the application date)

☐ Jul 1st – Sep 30th **Payment 100%** ☐ Oct 1st – Dec 31st **Pro-rate 90%** ☐ Jan 1st – Mar 31st **Pro-rate 60%** ☐ Apr 1st – Jun 30th **Pro-rate 30%**

NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS:

Name of Second Business Owner/Officer :	Title:	Email Address:	Phone:

ADDITIONAL INFORMATION:

Name of Business Property Owner/Landlord (If Leased):	
Address:	Telephone No.

I DECLARE, UNDER PENALTY OF PERJURY, THE ABOVE STATEMENTS TO BE TRUE AND CORRECT.

APPLICANT NAME (Please Print)*:	**TITLE:**
APPLICANT SIGNATURE*:	**DATE:**

OFFICE USE ONLY

Business License No:		Base Rate:	**$**
Zoning:		Employee Calculations: _____ x $5.00	**$**
CUP No.	DRB No.:	Gross Receipt Calculations:	**$**
Industrial Waste Permit #:		Unit Calculations:	**$**
		Penalties: $	Prorate Discount: (_____.000%)
Department Approval: _____ Date:_____		State Mandated Fee*: (This amount is not prorated)	**$4.00**
Notes:		**TOTAL TAXES DUE: $**	

Rev. January 2018

CITY OF LAKEWOOD BUSINESS LICENSE INSTRUCTIONS/ FEE SCHEDULE

NEW BUSINESSES: Each person subject to a license tax shall apply for a license prior to beginning business.

The City of Lakewood's business license calendar year begins July 1, and ends on June 30. All Applications for a City License must be renewed **by June 30** of the current license year.

Automotive dealers, grocers, and gasoline service stations are $85.00 annually plus $0.07 per $1,000 in gross receipts over $500,000.

Retail services and wholesale sales (i.e. restaurants with no alcoholic beverages, restaurants with beer and wine, restaurants with liquor) are $85.00 annually plus $0.15 per $1,000 in gross receipts over $100,000.

General Services (i.e. beauty salons, nail salons, janitorial services, filming, and real estate offices) are $85.00 annually plus $5.00 per employee in excess of one.

Professional Services (i.e. doctor, dentist, chiropractor, massage therapist) are $120.00 annually per professional and $5.00 per non-professional.

Home occupation businesses are $50.00 annually.

General Contractors are $120.00 annually and $5.00 per employee in excess of one.

Plumbing, heating, air conditioning, electrical, refrigeration, framing, and swimming pool contractors are $100.00 annually plus $5.00 per employee in excess of one.

All other contractors are $85.00 annually plus $5.00 per employee in excess of one.

Delivery Services are $85.00 annually.

Multiple dwellings are $33.00 per first four units and $3.50 per additional unit annually.

Christmas tree and pumpkin lots are $250.00 per season per location.

If your business does not fall into one of the above listed categories, please contact the Business License office at (562) 866-9771 extension 2622 for clarification and rates.

Business licenses are not transferable.

A fee of $8.00, payable to the City of Lakewood, shall be charged to make changes to the license.

Effective January 1, 2018, a state mandated fee of $4.00 shall be charged to all business license applications and renewals per Assembly Bill 1379. Please add the $4.00 mandated fee to your base rate.

"*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. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.go, or The California Commission on Disability Access at www.ccda.ca.gov.*"

Late Filing Penalty (for renewals):
10% penalty will be applied on August 1st
15% penalty will be applied on September 1st
25% penalty will be applied on October 1st
50% penalty will be applied on November 1st

For questions and inquiries, please contact:
City of Lakewood- Business License Office
P.O. Box 220,
Lakewood, CA 90714
Phone: (562) 866-9771 ext. 2622
Fax: (562) 866-0505
Email: Buslic@lakewoodcity.org

*Please Note: New Lakewood business applications and applications requiring City permits will require an original signature.

Rev. January 2018

CITY OF LAKEWOOD

HOLD HARMLESS AGREEMENT

_____, hereby release, discharge and agree not to sue the City
(Company/Individual name)
of Lakewood, it's officers, elected officials, employees, and agents, to the extent permitted by law, the CITY, its elected officials, officers, agents, and employees should be fully protected from any loss, injury, damage, claim, lawsuit, cost, expense, attorneys fees, litigation costs, defense costs, court costs or any other cost arising from or in any way related to the performance of this event permit.

In consideration for being permitted to the above event/work, I hereby agree for myself, administrators officers and assigns, that I shall indemnify and hold harmless the City of Lakewood, it's officers, employees and agents from any and all losses, liabilities, damages, cost and expenses, including reasonable attorney's fees, expert witness fees, and cost to the extent that are caused by negligence of Permittee, or any of the Permittee's officers, agents, employees or contractors, caused by, arising out of or in any way connected with exercise by permittee.

Permittee will not discriminate against any employee or applicant for employment because of race, color, religion, ancestry, sex, age, national origin or physical handicap.

The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence" as the term is used in applicable case law and/or statutory provision.

The parties hereto agree that the permittee, its officers, agents and employees, in the performance of this permit shall act in an independent capacity and not as officers, agents, or employees of the City of Lakewood.

The City of Lakewood shall have the privilege of inspecting the premises covered by this permit at any or all times.

Permittee hereby agrees to comply with all the rules and regulations of the facility or institution subject to this permit.

The City of Lakewood may terminate this permit at any time if permittee fails to perform any covenant herein contained at the time and in the manner herein provided. The City of Lakewood agrees it will not unreasonably exercise this right of termination.

By: _____

Title: _____

Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

CAO190094
ORI (Code assigned by DOJ)

License Certification Permit
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

LASD MAJOR CRIMES BUREAU LICENSE
Agency Authorized to Receive Criminal Record Information

07253
Mail Code (five-digit code assigned by DOJ)

11515 S. COLIMA RD. ROOM E106A
Street Address or P.O. Box

MICHELLE HAUSER
Contact Name (mandatory for all school submissions)

WHITTIER | CA | 90604
City | State | ZIP Code

(562) 946-7230
Contact Telephone Number

Applicant Information:

Last Name | First Name | Middle Initial | Suffix

Other Name (AKA or Alias) Last | First | Suffix

Date of Birth | Sex ☐ Male ☐ Female | Driver's License Number

Height | Weight | Eye Color | Hair Color | Billing Number (Agency Billing Number)

Place of Birth (State or Country) | Social Security Number | Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box | City | State | ZIP Code

Your Number: MH246335
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI)

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name | Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City | State | ZIP Code | Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator | Date

Transmitting Agency | LSID | ATI Number | Amount Collected/Billed