



# Business License Application

Community Development Department ~ 21810 Copley Drive ~ Diamond Bar, CA 91765 ~ (909) 839-7030 ~ [www.DiamondBarCA.gov](http://www.DiamondBarCA.gov)

|                                    |                                                     |
|------------------------------------|-----------------------------------------------------|
| <b>Check the Box that Applies:</b> | <b>Staff Use Only</b><br><b>Business License #:</b> |
|------------------------------------|-----------------------------------------------------|

New Business (Zoning Clearance Required): \$283.00

Non-Profit Business: Fee Waived with Proof of Non-Profit Status

Business License Renewal: \$42

Business Located Out of City: \$168.00

Business Requiring Background Check(s) (*Complete back of application form*): \$468.00 Per Person

Change of Business Name or Ownership Only: \$168.00

New Home Based Business License (Zoning Clearance Required): \$283.00

Change of Location (Zoning Clearance Required): \$283.00

Sidewalk Vending: \$494.00

**Pursuant to SB 1186, all fees include a State-mandated \$4 fee to fund accessibility programs for disabled persons.**

**\*See reverse for a list of businesses requiring background checks**

## BUSINESS INFORMATION

Business Name:

Business Phone:

DBA (if applicable):

# of Employees:

Description of Business Activities:

Business Address:

Square footage of tenant space:

City:

State:

Zip Code:

Mailing Address (If Different From Above):

City:

State:

Zip Code:

E-mail:

Website:

**After Hours Contact:**

**Phone:**

## PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. I understand that the issuance of a business license does not constitute approval of land use, and that I am responsible for compliance with the City's zoning, building, health and safety requirements and all other applicable laws prior to the commencement of business.

Business Owner

Owner 2 (If Applicable)

Print Name:

Print Name:

Title:

Title:

Signature:

Date:

Signature:

Date:

### STAFF USE ONLY

Classification Code: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Zoning Approval: \_\_\_\_\_

Processed By: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Dental office forms provided to applicant? ☐ Yes ☐ No



## Business License Application Part 2

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### BACKGROUND CHECK REQUIREMENTS:

The following business types are required to complete a background check investigation prior to the issuance of a Business License.

This investigation may include reports from the Sheriff's Department, Planning and Building & Safety Divisions, Fire Department, Los Angeles County Health Department, and any such other information as deemed necessary by the City in order to determine if the applicant meets the business license criteria for issuance. If you have one of the following business types, please check the appropriate box and complete the background check information below:

|                                                |                                           |
|------------------------------------------------|-------------------------------------------|
| Adult Oriented Businesses                      | Indoor Amusement/Entertainment Facilities |
| Alarm Systems                                  | Massage Establishments                    |
| Alcoholic Beverage Sale (Off-Site Consumption) | Pawnbrokers and Second Hand Dealers       |
| Bars and Nightclubs                            | Peddling-Solicitation on Private Property |
| Computer Services (Network Gaming Center)      | Psychic Reading                           |
| Entertainment Establishments                   | Tow Trucks and Towing Companies           |
| Firearms Dealers                               |                                           |

### BACKGROUND CHECK APPLICANT(S): \$468.00 Per Applicant (Submit additional forms if necessary)

|                                                                                  |                       |
|----------------------------------------------------------------------------------|-----------------------|
| Applicant 1 Name (Print):                                                        | Title:                |
| Address:                                                                         | Drivers License #:    |
| City/State/Zip:                                                                  | Phone No: (    )    - |
| <i>I hereby authorize the City of Diamond Bar to conduct a Background Check:</i> |                       |
| Applicant's Signature: _____                                                     | Date: _____           |
| Applicant 2 Name (Print):                                                        | Title:                |
| Address:                                                                         | Drivers License #:    |
| City/State/Zip:                                                                  | Phone No: (    )    - |
| <i>I hereby authorize the City of Diamond Bar to conduct a Background Check:</i> |                       |
| Applicant's Signature: _____                                                     | Date: _____           |
| Applicant 3 Name (Print):                                                        | Title:                |
| Address:                                                                         | Drivers License #:    |
| City/State/Zip:                                                                  | Phone No: (    )    - |
| <i>I hereby authorize the City of Diamond Bar to conduct a Background Check:</i> |                       |
| Applicant's Signature: _____                                                     | Date: _____           |