



## BUSINESS LICENSE APPLICATION

It is the Business Owner's responsibility to notify the Planning or Finance Departments immediately if there are any changes to the business entity from the information submitted on this application. A Business License is valid for a period of one year from the date of issuance. It is the Business Owner's responsibility to renew the Business License prior to the expiration date, whether they receive a renewal notification or not. **Please type or print legibly.**

Business Name: _____ DBA if Any: _____ Non Profit:        Yes _____        No _____ Business Address: _____ City, State, Zip: _____ Days/Hours of Operation: _____  <b>If Different From Above:</b> Mailing Address: _____ City, State, Zip: _____  Bus Phone: (    ) _____        Bus. Fax: (    ) _____ Start Date: _____        Email: _____ Square Footage: _____        No of Employees: _____ (If within Agoura Hills)                (If within Agoura Hills)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">PLEASE CHECK ONE OR MORE:</th> </tr> <tr> <td style="width: 10px; text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">New Application</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Change of Ownership</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Change Of Address</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Change of Business Name</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Home Occupation</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;"><input type="checkbox"/> Property Owner        <input type="checkbox"/> Tenant</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 2px;">Renewal Number: _____</td> </tr> <tr> <th colspan="2" style="text-align: left; padding: 2px;">OFFICIAL USE ONLY</th> </tr> <tr> <td style="padding: 2px;">Parking Rqmt:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Land Use Code:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Occupancy:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Planning Dept.:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Building &amp; Safety:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Fire Dept. (LACo):</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Sheriff's Dept:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">CM's Office:</td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="padding: 2px;">Finance Dept:</td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	PLEASE CHECK ONE OR MORE:		<input type="checkbox"/>	New Application	<input type="checkbox"/>	Change of Ownership	<input type="checkbox"/>	Change Of Address	<input type="checkbox"/>	Change of Business Name	<input type="checkbox"/>	Home Occupation	<input type="checkbox"/>	<input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant	<input type="checkbox"/>	Renewal Number: _____	OFFICIAL USE ONLY		Parking Rqmt:		Land Use Code:		Occupancy:		Planning Dept.:		Building & Safety:		Fire Dept. (LACo):		Sheriff's Dept:		CM's Office:		Finance Dept:	
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Business Description: _____ _____ _____  <b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust  State Lic. No: _____        License Type: _____        Expiration Date: _____  Resale No: _____        Employer I.D. No.: _____	
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**Business Owners, Partners, or Corporate Officers - Please enter a person's name and all requested information  
Use additional sheets as necessary**

Owner's Name: _____	Title: _____	Phone (    ) _____
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____		

Owner's Name: _____	Title: _____	Phone (    ) _____
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____		

**In case of emergency, please contact:**

Name: _____	Title: _____	Phone (    ) _____
Address: _____		
City: _____	State: _____	Zip: _____
Email: _____		

If your business description is any of the business types in category B or C below, please circle the business type. You may select more than one category. If there is no category applicable to your business, simply sign and date the application.

Category B Business				
Ambulance Operator	Ambulance Vehicle	Ambulance Driver	Apartment Houses 16 or more units	
Auto Body & Fender	Auto Paint Shop	Boarding House	Carnival Game Booth	Circus/Travel Show
Close-Out Sale	Coin Game	Cold Storage Warehouse	Filling Stations	Food Establishments (food sales as accessory use)
Hay , Grain, Feed	Hotel with 16 or more rooms	Launderette/Laundromat	Livery Stable	Lumberyard
Motor Vehicle Rental	Plant Nursery	Public Eating (eateries/restaurants)	Taxicab Vehicles	

Category C Business (Please note this category of business will require a Background Check)				
Acupressure and Acupressure Tech.	Adult Business	Billiard Room	Bookstore	Carnival
Dance	Entertainment	Entertainment Manager	Exhibition - fee for entry	Game Arcade
Gun Dealer	Health Gym/Spa	Locksmith	Massage Establishment Owner (owns 5% or more of business & not certified under state massage therapy laws)	Model Studio
Motor Vehicle Repair	Outdoor Festival	Pawnbrokers and Second Hand Dealers	Peddling-solicitation	Psychic Reading
School Private	Second Hand Dealer	Taxi Cab Driver	Taxi Cab Operator	Theatre

**LIVE SCANS FOR BACKGROUND CHECKS WILL BE PERFORMED BY  
THE MALIBU/LOST HILLS SHERIFF STATION  
27050 AGOURA RD, AGOURA HILLS, CA 91301**

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Acceptance of payment does not constitute approval of a Business License. Authorization to conduct business is not granted until license is issued. I declare, under the penalty of making a false declaration, that I am authorized to complete this form and to the best of my knowledge and belief it is a true, correct, and complete statement made in good faith. I understand and agree that the granting of this business license requires my compliance with all applicable City of Agoura Hills Municipal Code provisions, state, local, and federal laws, and all conditions set forth above. I also understand and am familiar with such local, state, and federal laws, and agree that any failure to fully comply with all such local, state, and federal laws and conditions set forth above may result in revocation of this license. **\*\*Notice:** 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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) – The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

Circle One:  <div style="display: flex; justify-content: space-around;"> <span>Cash</span> <span>Check</span> <span>CC</span> </div>	<table border="1" style="width: 100%;"> <tr><td><b>Annual Fee:</b></td></tr> <tr><td><b>Background Fee:</b></td></tr> <tr><td><b>State Fee: \$1.00</b></td></tr> <tr><td><b>Total:</b></td></tr> </table>	<b>Annual Fee:</b>	<b>Background Fee:</b>	<b>State Fee: \$1.00</b>	<b>Total:</b>
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