



# Business License Application

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

<b>Check the Box that Applies:</b>	<b>Staff Use Only Business License #:</b>
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- |  |  |   |
|--|--|---|
| <input type="checkbox"/> New Business (Zoning Clearance Required): \$54.34               | <input type="checkbox"/> Business Located Out of City: \$11  | <input type="checkbox"/> New Home Based Business License (Zoning Clearance Required): \$54.34 |
| <input type="checkbox"/> Non-Profit Business: Fee Waived with Proof of Non-Profit Status | <input type="checkbox"/> Business Requiring Background Check(s) ( <i>Complete back of application form</i> ): \$311 Per Person | <input type="checkbox"/> Change of Location (Zoning Clearance Required): \$54.34              |
| <input type="checkbox"/> Business License Renewal: \$11                                  | <input type="checkbox"/> Business License Renewal for Businesses Requiring Background Checks*: \$23                            | <input type="checkbox"/> Change of Business Name or Ownership Only: \$11                      |

**Pursuant to SB 1186, all fees include a State-mandated \$1 fee to fund accessibility programs for disabled persons.**

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

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Description of Business Activities: \_\_\_\_\_

# of Employees: \_\_\_\_\_

Business Address: \_\_\_\_\_

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: _____



# 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:

- |   |  |
|---|--|
| <input type="checkbox"/> Acupressure Establishments and Technicians     | <input type="checkbox"/> Firearms Dealers                          |
| <input type="checkbox"/> Adult Oriented Businesses                      | <input type="checkbox"/> Indoor Amusement/Entertainment Facilities |
| <input type="checkbox"/> Alarm Systems                                  | <input type="checkbox"/> Massage Establishments and Technicians    |
| <input type="checkbox"/> Alcoholic Beverage Sale (Off-Site Consumption) | <input type="checkbox"/> Pawnbrokers and Second Hand Dealers       |
| <input type="checkbox"/> Bars and Nightclubs                            | <input type="checkbox"/> Peddling-Solicitation                     |
| <input type="checkbox"/> Computer Services (Network Gaming Center)      | <input type="checkbox"/> Psychic Reading                           |
| <input type="checkbox"/> Entertainment Establishments                   | <input type="checkbox"/> Tow Trucks and Towing Companies           |

## BACKGROUND CHECK APPLICANT(S): \$300 Per Applicant (Submit additional forms if necessary)

Applicant 1 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: ( ) -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: ( ) -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 3 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: ( ) -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_