



**APPLICATION FOR WAIVER OF BUSINESS LICENSE TAX**  
**City of Anaheim Business License Division**  
**200 S. Anaheim Blvd. Anaheim, CA 92805 Phone (714) 765-5194**

Application for exemption of business tax pursuant to the provisions of Section 3.04.130 of the Anaheim Municipal Code  
Complete and return with verification of status for exemption issued by the State or Federal Government.

Open Date At This Location: \_\_\_/\_\_\_/\_\_\_ Organization Is: Charitable:\_\_\_ Religious:\_\_\_ Other:\_\_\_

Organization Name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Organization Address:\_\_\_\_\_

Mailing Address:\_\_\_\_\_  
 (If different from Organization Address)

Applicant's Name:\_\_\_\_\_ Telephone:\_\_\_\_\_

Applicant's Address:\_\_\_\_\_

Applicant's Relationship to  
 Organization:\_\_\_\_\_

Describe Business or Activity for Which Exemption Is Requested:\_\_\_\_\_

Proceeds From This Business, Or Activity Are to Be Used for the Following  
 Purpose:\_\_\_\_\_

Federal Employee/Tax ID#.:\_\_\_\_\_ State ID No.:\_\_\_\_\_

List At Least Three (3) Principal Officers:

Name	Title	Address	Telephone
CDL#	DOB:		
Name	Title	Address	Telephone
CDL#	DOB:		
Name	Title	Address	Telephone
CDL#	DOB:		

*I declare under penalty of perjury, that I am authorized to make this statement and to the best of my knowledge and belief, it is true and correct.*

*Owner or Authorized Agent*  
 Signature:\_\_\_\_\_ Title:\_\_\_\_\_ Date:\_\_\_\_\_

\*\*\*\*\***FOR OFFICE USE ONLY**\*\*\*\*\*  
 Fee Schedule:\_\_\_\_\_ NAICS Code:\_\_\_\_\_ BUS#.:\_\_\_\_\_ **\$35.00 Processing Fee-1142**

Application Date:\_\_\_\_\_ Expiration Date:\_\_\_\_\_



## City of Anaheim, California Planning Department

### ZONING REVIEW FOR BUSINESS LOCATION

Thank you for doing business in the City of Anaheim! We look forward to assisting you in your venture. Before your application for a Business Certificate can be processed, we need to verify that your business meets all City Zoning requirements. To help us, please forward answers to the questions below along with your Business Certificate Application. Answering all related questions as complete as possible will help avoid any delays. If you have any questions or comments please feel free to contact us at (714) 765-5139, Monday through Friday, 8:00 a.m. to 5:00 p.m. Thank you for your cooperation. (PLEASE TYPE OR PRINT LEGIBLY)

Describe the business to be operated on this property in detail (include number of employees and days and hours of operation - please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

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

Your Name and Relationship to Business: \_\_\_\_\_  
(i.e. owner, employee, officer, partner)

Phone number where you can be reached during the day: ( \_\_\_\_\_ ) \_\_\_\_\_

Is your business based out of your home? If yes, proceed to **Section B** below.

Hours of Operation: \_\_\_\_\_ Square footage of business: \_\_\_\_\_

Are you sharing the tenant space with another business?  Yes  No What is the name of that business? \_\_\_\_\_

#### COMMERCIAL USES (If applicable)

Will this use be a medical, dental or chiropractic office?  Yes  No

Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?.....

If so, please describe: \_\_\_\_\_

#### FOOD SERVICE/RESTAURANT/BAR (If applicable)

Do your customers order from a  Service Counter or  Waiter/Waitress?

If the proposed facility has seating how many seats are proposed? \_\_\_\_\_

Will you be selling or serving alcoholic beverages?  Yes  No If Yes, License Type: \_\_\_\_\_

Any outdoor seating proposed?..  Yes  No

Is there any entertainment proposed? If so, describe what type of entertainment: \_\_\_\_\_

Is there any dancing proposed?  Yes  No

Will you be charging a cover charge  Yes  No

(Over, please)

INDUSTRIAL USES (If applicable)

Will your operations include any processing, handling or storage of hazardous materials? If so, please describe: \_\_\_\_\_

Will there be any retail sales to the public?  Yes  No If so, what percentage of gross sales? \_\_\_\_\_

What percentage of your unit is used for office? \_\_\_\_\_

Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?

If so, please describe: \_\_\_\_\_

Will there be any outdoor storage or any other outdoor business activity (i.e. storage, work, display, sales)?.....

If yes, please describe: \_\_\_\_\_

**SECTION B**

HOME BASED BUSINESSES ONLY:

Other than the owner, are there any employees?  Yes  No How many? \_\_\_\_\_ Do they report to work at your home?  Yes  No

Will you be storing materials in your home?  Yes  No If so, where? \_\_\_\_\_

I hereby declare under penalty of perjury that the responses I have given are true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for the time you spent completing this form. If we have any questions we will call you at the number you have indicated on the reverse side. Otherwise, this information will be quickly transmitted to the Business License Division to expedite the processing of your business license certificate.

<b>FOR PLANNING DEPARTMENT USE ONLY</b>		
REVIEWED BY : _____	DATE: _____	ZONE: _____
DETERMINATION: _____		



*City of Anaheim*  
**ANAHEIM FIRE & RESCUE**  
 201 S. Anaheim Blvd., #300  
 Anaheim, CA 92805

(714) 765-4040 ▪ FAX (714) 765-4608 ▪ [www.anaheim.net](http://www.anaheim.net)



**Community Risk Reduction Division**

Dear Business License Applicant:

The City of Anaheim Building Division and Anaheim Fire & Rescue welcome you to our city. In order to help facilitate your move, we would like you to answer the following questions:

Address of the New Business: \_\_\_\_\_

New Business Name: \_\_\_\_\_

Will your business be involved in any of the following activities?

Yes  No Dust producing operations - If yes, how many square feet of floor space will be used for this purpose? \_\_\_\_\_

Yes  No Use and/or storage of chemicals of any kind, including flammable or combustible liquids, corrosives, poison, compressed gasses, or paints. Give a brief description of the chemical(s) and approximate quantity:

\_\_\_\_\_  
 \_\_\_\_\_

Yes  No Storage of combustible material where the top of the material is greater than 6 feet for tires or flammable liquids, or greater than 12 feet in height for all other materials

Yes  No Storage of vehicles inside a building (except garages)

Yes  No Assembly of more than 50 persons

Yes  No Hazardous processes requiring an exhaust vent

Yes  No Is this a newly constructed building?

Yes  No Is this an existing building that will require tenant improvement permits through the Building and Fire Departments?

Date: \_\_\_\_\_ Contact Name (printed): \_\_\_\_\_

Contact number to schedule inspection: \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR BUSINESS LICENSE APPLICATION.