



**CITY OF ANAHEIM  
BUSINESS TAX INPUT FORM**  
City of Anaheim - Business License Division  
200 S. Anaheim Blvd #136, Anaheim, CA 92805  
P.O. Box 61042, Anaheim, CA 92803-6142  
(714) 765-5194

**Applications are  
accepted in person  
Mon-Fri 8AM-4PM  
Or by Mail**

New Application     Business Name Change     Address Change     New Owner

Open/Start Date in Anaheim \_\_\_\_\_ Have you had a business in Anaheim within the last 5 years?  
 Yes     No

**SECTION A – BUSINESS INFORMATION**

Business Address \_\_\_\_\_  
(CANNOT be a P.O. Box or PMB) Street No.    Direction (N-S-E-W) Street Name    City    State    Zip

Business Name/D.B.A. \_\_\_\_\_

Corporation/Partnership/LLC Name (If different from above) \_\_\_\_\_

Mailing Address (If different from business address) \_\_\_\_\_

**BUSINESS**

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_ Email/Website \_\_\_\_\_

**After Hours** (In town Businesses Only)

Emergency Contact Name (Local) \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Federal ID# \_\_\_\_\_ State ID # \_\_\_\_\_ Resale # \_\_\_\_\_  
(E.I.N. #) \_\_\_\_\_ (Seller's Permit #)

Please Describe Your Business Activity \_\_\_\_\_

**If you hold a State License, please provide:**

State License # \_\_\_\_\_ Type(s) \_\_\_\_\_ Expiration Date \_\_\_\_\_

**SECTION B – OWNER INFORMATION**

**Please check the appropriate ownership type:**

Sole Ownership     Partnership     Corporation     Joint Venture     Limited Liability Co.  
 Limited Partnership     Receiver     Trust     Other: \_\_\_\_\_

Please List Information Regarding Business Owners, Partners, or Corporate Officers:

(Last Name/Title)    (First Name)    (M.I.)    (Phone No.)    (Social Security#)    (Driver's Lic# and State)  
**(Provide Full Legal Name)**

\_\_\_\_\_  
(PRIMARY Owner)

PRIMARY Owner's Home Address: \_\_\_\_\_  
Street No.    Street Name    City    State    Zip

**SECTION C – TAX INFORMATION (Please only complete the information pertaining to your business.)**

Total Number Of Employees In Anaheim _____ ( <b>ALL businesses must complete</b> )	Alcohol Use Type _____ (Only For In Town Businesses that sell Alcohol )
Estimated Annual Gross Receipts(Sales) _____ (Retail, wholesale, manufacturing, entertainment venues, telecommunication, motel/hotels, & miscellaneous sales)	
Total Gross Square Footage _____ (Commercial leasing, warehousing, and storage)	Number Of Units _____ (Apartments & Motel/Hotels)
Number Of Professional Owners/Partners _____ (For professional services e.g.-lawyers, accountants, doctors, dentists)	No. Of Professional Employees _____ (Professional services that hire professional employees)
No. Of Other Employees _____ (Professional service employees other than listed above)	Other: _____ (Carnival/Bowling Alley/Billboard/Swap Meet/Etc.)

**FEES MUST ACCOMPANY THIS APPLICATION, PLEASE CALL OUR OFFICE FOR TOTAL AMOUNT DUE.**

**PLEASE MAKE CHECKS PAYABLE TO: THE CITY OF ANAHEIM**

<b><u>OFFICE USE ONLY</u></b>	
Expiration Date _____	Tax (1141) \$ _____
Fee Schedule _____	Processing (1142) \$ _____
SIC Code _____	Penalty (1143) \$ _____
	Interest (1144) \$ _____
	Permits (1149) \$ _____
	Home Occ. (3083) \$ _____
	<b>TOTAL \$ _____</b>



# 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: ( \_\_\_\_\_ ) \_\_\_\_\_

**YES NO N/A**

FOOD SERVICE (If applicable)

- A. Will the food service be waitress/waiter service?.....  YES  NO  N/A
- B. Will the food service be take-out only?.....  YES  NO  N/A
- C. Will the food service be a combination of take out and sit down?.....  YES  NO  N/A
- D. If the proposed facility has seating how many seats are proposed?.....  YES  NO  N/A
- E. Will you be selling or serving alcoholic beverages?.....  YES  NO  N/A  
If yes, what type (please circle the one that applies): beer only/beer & wine/liquor
- F. Was this a previous food service establishment?.....  YES  NO  N/A  
If yes, what type: \_\_\_\_\_
- G. Any outdoor seating proposed?.....  YES  NO  N/A
- H. Is this a drive-through facility?.....  YES  NO  N/A
- I. Is there any entertainment proposed? If so, describe what type of entertainment:.....  YES  NO  N/A
- J. Is there any dancing proposed?.....  YES  NO  N/A  
If so, is there a separate cover charge proposed?.....  YES  NO  N/A

ADULT BUSINESSES (If applicable)

- A. Will you be selling or displaying material (movies-books-video) depicting specified anatomical areas or sexual activities? (See Section 18.54 of the Anaheim Municipal Code-Sex Oriented Business).....  YES  NO  N/A
- B. Will you have employees or yourself providing nude or partially nude modeling or entertaining for someone (customer), either at your location or after being sent to another location? .....  YES  NO  N/A
- C. Will you or your employees be giving massages or manipulation of the body either at the location indicated above or at any other location?.....  YES  NO  N/A

(Over, please)

	YES	NO	N/A
<u>ALCOHOLIC BEVERAGES/ENTERTAINMENT</u> (If applicable)			
A. Will your business be selling/serving alcoholic beverages with substantial meals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will there be entertainment including bands, disc jockey or karaoke?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
C. Will there be dancing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, will there be a separate charge or admission charge for dancing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Will you have any of the following? If yes, how many? pool tables _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
arcade devices _____ juke boxes _____			
<u>INDUSTRIAL USES</u> (If applicable)			
A. Will your operations include any processing, handling or storage of hazardous materials? If so, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If your business is a wholesale business, will there be any retail sales to the public?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what percentage of gross sales? _____			
C. Is your industrial business location being used strictly as an office only with no warehousing or manufacturing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
E. Will there be any outdoor storage or any other outdoor business activity (i.e. storage, work, display, sales)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____			
<u>OFFICE USES</u> (If applicable)			
A. Will this use be a medical, dental or chiropractic office?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the office use be in your home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, how many employees, besides yourself will you have at your home? _____			
C. If the business is operated in your home, have you received a Home Occupation Registration and agreed to follow the conditions listed in the registration?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMERCIAL USES</u> (If applicable)			
A. Are there any grocery items for sale at your location?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will your business have any alcohol sales for off-premises consumption?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
D. What is the approximate size of your store? _____ sq. ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. What retail items will your business be selling? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

FOR PLANNING DEPARTMENT USE ONLY		
REVIEWED BY : _____	DATE: _____	ZONE: _____
DETERMINATION: _____		



**City of Anaheim  
FIRE DEPARTMENT**



**FIRE PREVENTION BUREAU**

Dear Business License Applicant:

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

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

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

Yes  No Woodworking - If yes, how many square feet of floor space will be used for woodworking?  
\_\_\_\_\_

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):

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

Yes  No Storage of combustible material where the top of the material is greater than 12 feet in height

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

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR BUSINESS LICENSE APPLICATION.

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**For Office Use Only**

New Occupancy Type \_\_\_\_\_

Square Footage \_\_\_\_\_

Construction Type \_\_\_\_\_

Sprinklered Yes \_\_\_\_\_ No \_\_\_\_\_

Compatible Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Applicant was informed to submit plans or meet with Building and Fire to discuss requirements.

Signed \_\_\_\_\_

Date \_\_\_\_\_

201 S. Anaheim Blvd., Suite 300, Anaheim, California 92805  
(714) 765-4040 ■ FAX (714) 765-4608 ■ [www.anaheim.net](http://www.anaheim.net)