

ORANGE COUNTY SHERIFF'S DEPARTMENT



Business License Unit
320 N. Flower Street, Santa Ana CA 92703
(714)834-3155
businesslicense@ocsheriff.gov

BUSINESS LICENSE APPLICATION

TITLE OF LICENSE: _____

BUSINESS NAME: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip Code: _____

OWNER/Responsible party name: _____

Title: (Owner/mgr/ company officer) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Cellular Phone: _____

Email Address: _____

Website: _____

OWNER/Responsible party name: _____

Title: (Owner/mgr/ company officer) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Cellular Phone: _____

Email Address: _____

Website: _____

STATE ALL PERSONS, PARTNERS OR CORPORATIONS OWNING LICENSED BUSINESS AND OTHER INFORMATION REQUESTED BELOW.

Name: _____
Title: _____
AKA: _____
Driver's License No: _____ **Social Security No:** _____
Date of Birth: _____ **Place of Birth:** _____
Gender: **Female:** _____ **Male:** _____
Height: _____ **Weight:** _____
Hair Color: _____ **Eye Color:** _____
Current Occupation: _____
Email: _____

LIST OF EMPLOYMENT IN THE PAST TEN (10) YEARS, BEGIN WITH MOST RECENT.

Business Name: _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____
Dates of Employment: _____

Business Name: _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____
Dates of Employment: _____

Business Name: _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____
Dates of Employment: _____

Business Name: _____
Business Address: _____
City: _____ **State:** _____ **Zip Code:** _____
Telephone: _____
Dates of Employment: _____

If additional space is needed, attach white sheet of paper.

LIST ALL PREVIOUS RESIDENCES FOR THE PAST TEN (10) YEARS

From:	To:	Address, City, State & Zip Code

IS THERE A LEASE ON THE PREMISES?

Yes: _____ No: _____

Name, Address and Telephone Number of the owner/Mgr. and name of the property where the business will be conducted.

Name Company/Mgr: _____

Address: _____

City/State/Zip: _____

Telephone: _____

1.As an adult, have you or any of the persons listed as having an ownership interest in the business ever been arrested for any criminal offense or infraction other than a minor traffic offense? ____ yes, list below and explain fully. Yes ____ No

Name: _____

Date: _____ Charge: _____

Place: _____ Penalty: _____

Explanation: _____

2. Do any of the persons listed (or in the supplement or attached pages) possess or have they possessed in the past five (5) years any license (other than motor vehicle) or conditional use permit for any occupation, business, trade, profession, practice or activity?

____ Yes ____ No If **yes**, list below and explain fully.

(Name of Person)

(Type of License)

(Name of Business)

(Licensing Agency)

(Address)

(Dates of Possession)

Telephone: _____ License No. _____

____ Current ____ Expired ____ Revoked, Suspended

3. Have any of the persons listed (or in the supplement or attached pages) ever had a license or conditional use permit denied, suspended, suspended but penalty stayed, paid a fine or penalty on or revoked?

____ Yes ____ No If **yes**, list below and explain fully.

(Name of Person)

(Name of Business licensed)

(Type of License)

(Address of Business licensed)

(Date Denial, Suspension, Penalty or Revocation)

Reason: _____

4. (Massage Establishment Business Owner Only) Has any employee, independent contractor or unpaid volunteer of the business ever been cited or arrested in any of the businesses owned or managed by any of the persons listed?

_____ Not applicable

_____ Yes _____ No If **yes**, list below and explain fully.

Name: _____ Social Security No: _____

Residence: _____

Date: _____ Charge: _____

Penalty: _____

Explanation: _____

By my signature below I declare under penalty of perjury that the foregoing is true and correct. I also understand that the Orange County Sheriff's Department will investigate the granting of the license and I hereby authorize other persons to release information relating to the investigation.

ALL FEES ARE NON-REFUNDABLE

Signature: _____ Date: _____

Print Name: _____

**Certificate of Exemption from California
Workers' Compensation Law**
(Labor Code Section 3700)

I, _____, declare:

1. I am the person responsible for having completed the application and have received a license for
2. I certify that in the performance of work for which this license has been issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California.

I understand that if after signing this certificate, I should later become subject to the workers' compensation provisions of the California Labor Code, I shall forthwith submit to this office proof of valid workers' compensation insurance or other proof of compliance with the provisions of Labor Code Section 3700, or my license is revoked without further notice.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this
of _____, _____
(month) (year) (day)

Signature: _____

Print Name: _____

If you are **not exempt** from the California Workers' Compensation Law, please send us a copy of your workers' compensation insurance certificate showing when the date coverage begins and expires.

Orange County Sheriff's Department
PSD/Business Licensing
320 N. Flower Street, 4th Floor
Santa Ana CA 92703
Or email businesslicense@ocsheriff.gov