

Please print clearly using ink or type. Signature of an owner or officer is required on document. Return your completed application and payment to the Business Registration Division. THANK YOU. www.ci.fullerton.ca.us



FULLERTON BUSINESS REGISTRATION APPLICATION

303 W. Commonwealth Ave

Fullerton, CA 92832

Phone (714) 738-6531 Fax (714) 525-8071

Your Business Certificate will be issued under the provisions of Municipal Code. You are cautioned that the Business Certificate does not permit operation of a business within the City of Fullerton in violation of any section of the Municipal Code or regulation adopted by the City Council including, but not limited to: Zoning restrictions; land use specifications as defined in planned districts; redevelopment areas, historical districts or revitalization areas; Business Tax regulations; Police Department regulations; Fire, Health or Sanitation permits and regulations. If you have any doubt that your business conforms with requirements of the Municipal Code administered by other departments, you are urged to contact those departments for further information before filing this application for a Business Certificate.

Business Name/DBA _____ Phone (____) _____
Business Address _____ Unit Number _____ Contact _____
City _____ State _____ Zip _____ Fax (____) _____

Mailing Address _____ Unit Number _____
City _____ State _____ Zip _____

Ownership Type

☐ Sole Owner ☐ Partnership (# partners _____) ☐ LLC/LLP (# partners _____) ☐ Trust ☐ Corporation (State _____)

Federal Employer ID # _____ State Employer ID # _____ Professional # _____
CA Sales & Use Tax Permit # _____ Contractor License # _____ Class _____ Exp _____

Corporation or Trust Name _____
Address _____ Phone (____) _____
City _____ State _____ Zip _____ Fax (____) _____

Owner, Partner or Officer Name _____ Title _____
Home Address _____ Phone (____) _____
City _____ State _____ Zip _____ Cell (____) _____
Social Security Number _____ Driver's Lic. /State _____

LIST ADDITIONAL OWNERS ON REVERSE OF APPLICATION OR ON SEPARATE PAPER

Emergency Contact _____ Title _____ Phone _____

Alarm Company _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

Start Date in Fullerton _____ Describe in detail your business activity. If business is based in your Fullerton home, check box and initial below ☐

FOR FULLERTON HOME OCCUPATION BUSINESS APPLICANTS ONLY - IF APPLICABLE, READ AND INITIAL

Section 15.17.030(M) of the Fullerton Municipal Code regulates businesses based out of the home. Included within these regulations are requirements that no on-site sales occur, no non-resident of the premises is employed on-site, no direct outdoor storage occur, and no increase in pedestrian or vehicular traffic occur as a result of the business. A complete copy of Section 15.17.030(M) is available in the Development Services Department. Signature of the applicant below acknowledges the existence of these requirements and agrees to comply with them. _____ (Initial here)

I declare, under penalty of perjury, that the statements and information contained herein are true and correct to the best of my knowledge and belief. I agree to comply with all applicable laws, ordinances and regulations pertaining to the operation of this business. I also agree to notify the City of Fullerton Business Registration Division within 10 days of any change in the facts stated herein (change of ownership, address, location, operation etc.) or any other facts required by this application.

Signature _____ Title _____ Date _____

ESTIMATED NUMBER OF EMPLOYEES: _____ ESTIMATED ANNUAL GROSS RECEIPTS: \$ _____

DO NOT WRITE BELOW THIS LINE * * * FOR OFFICE USE ONLY

NEW	Change	Clarify	Zone Code _____	Business Tax	\$ _____
		Initial _____	Planning OK By _____	Processing Chg	\$ _____
Account # _____	Exp Date _____		Building OK by _____	Zoning Review Chg	\$ _____
Receipt # _____	Date Paid _____		CUP# _____		\$ _____
Rate Type _____	Business Code _____		Other _____	TOTAL	\$ _____
SIC Code _____	NAICS Code _____				

IMPORTANT: SEE REVERSE SIDE OF APPLICATION FOR IMPORTANT INFORMATION

Business Name _____

E-mail Address: _____ Web Site Address: _____

Use this space for additional Owners, Partners or Officers

Owner, Partner or Officer Name _____	Title _____
Home Address _____	Phone (____) _____
City _____ State _____ Zip _____	Cell (____) _____
Social Security Number _____	Driver's Lic. /State _____

Owner, Partner or Officer Name _____	Title _____
Home Address _____	Phone (____) _____
City _____ State _____ Zip _____	Cell (____) _____
Social Security Number _____	Driver's Lic. /State _____

Owner, Partner or Officer Name _____	Title _____
Home Address _____	Phone (____) _____
City _____ State _____ Zip _____	Cell (____) _____
Social Security Number _____	Driver's Lic. /State _____

PLEASE LIST ANY ADDITIONAL BUSINESS NAMES/DBA'S

For your convenience the City of Fullerton accepts *Visa, MasterCard and Discover*.
To charge your payment to your credit card, contact the Business Registration Division
at

714/738-6531 or 714/738-5326

~ IMPORTANT NOTICE ~

When you make any payment for City services by check, please be advised that if your check is returned for non-sufficient funds, it will be sent to the City's contract agent, FEDChex, for collection. The handling fee for a non-sufficient fund check is \$25.

FEDChex can be reached by calling 877/326-4662.

Thank you,

Fullerton Business Registration Division