



BUSINESS LICENSE APPLICATION

City of Oceanside
Financial Services Department

PLEASE INDICATE:

- New Business
- Home Occupation
- Additional Information
- Change of Owners
- Change of Business Address
- Change of Business Name
- Add/Change Business Description

Please mail completed applications with payment to:

300 N Coast Hwy, Oceanside CA 92054

Make checks payable to City of Oceanside

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

BUSINESS INFORMATION

MAILING ADDRESS:**BUSINESS LOCATION:**

Business Name / DBA: _____ Business Address: _____
NUMBER STREET SUITE NO.

In care of: _____
CITY STATE ZIP

Mail Address: _____ Bus. Phone: _____
NUMBER STREET SUITE NO. CITY STATE ZIP

SIC Code (4 digit): _____ Corp. Name: _____ Corp. Phone: _____

City Start Date _____ State Lic. # & Type _____ Health Permit _____ Sole Prop
 Hrs. of Operation _____ to _____ Tax ID _____ ABC License # _____ Partnership
 # Of Employees _____ Seller's Permit _____ Contractor # & Class _____ Corporation
 LLC

Business Location Property Owner/Management Co: _____
CIRCLE ONE

Address of Owner/Management Co: _____

Contact Info of Owner/Management Co: _____
PHONE EMAIL

Business activity must be described in detail: _____

SIZE OF FACILITY (sq. ft.) _____

BUSINESS OWNERSHIP INFORMATION

Owner/Pres: _____ Owner/Pres: _____
 Home Address: _____ Home Address: _____
NUMBER STREET SUITE NO. CITY STATE ZIP

Email: _____ Email: _____

Home/Cell Phone: (____) _____ Home/Cell Phone: (____) _____

SSN: _____ Birth Date: _____ SSN: _____ Birth Date: _____

DL# _____ DL State: _____ DL# _____ DL State: _____

(Contractors Only) Bid Amount: _____ Fees: _____

DECLARATIONS

I certify that in the performance of any business activities for which this license is issued, I shall not employ a person in any manner so to become subject to the Worker's Compensation laws of California. If I should become subject to the Worker's Compensation laws I shall forthwith comply with the provision of section 3700 of the labor code. I further declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

TITLE PRINT NAME SIGNATURE OF OWNER OR AUTHORIZED AGENT* DATE

* If signing as Authorized Agent, letter of authorization must be attached.

License No. BL-

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AB 783, Single-User Restrooms, effective January 1, 2024

Under Business and Professions Code section 16000.2, you are hereby notified that Section 118600 of the Health and Safety Code requires you to identify all single-user toilet facilities in your business as all-gender toilet facilities on compliant signage.

SB 748, Disability Access and Information, effective January 1, 2024

This bill requires a city, county, or city and county, in a separate document formatted as specified, to provide to that applicant a statement that the business may be subject to liability for failure to meet the legal obligation to comply with state and federal disability access laws, and information on how to obtain a CASp inspection, as specified.

AB 2164, Disability Access CASp Funding, effective January 1, 2023

This bill requires a city or county issuing a business license to collect a \$4.00 CASp fee for funding of certification and awareness for accessibility requirements and resources. This law removed the sunset provision of AB-1379 and the collected amount to become permanent.

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/DSA
- The Department of Rehabilitation at www.dor.ca.gov/
- The California Commission on Disability Access at www.cdda.ca.gov