



PUBLIC EATING BUSINESS LICENSE APPLICATION

Department of Public Works
 8300 Santa Monica Boulevard
 West Hollywood, CA 90069
 (323) 848-6375

Public Eating: shall mean any business establishment including but not limited to a restaurant, coffee shop, lunch room, hotel, club, bar, cocktail lounge and every other place where food or drinks are prepared or served on the premises for public consumption or where sandwiches, lunches or similar food are prepared for sale to the public, and all kitchens, commissaries and other rooms appurtenant thereto, which has a valid license issued by the State of California Alcohol Beverage Control Board (ABC).

Food Establishment: shall mean any business establishment including but not limited to a grocery store, liquor store, supermarket, mini-mart, convenience store and every other public place engaged in the business of selling food or drink for public consumption, but where such food or drink has not been prepared on the premises and which will not be consumed by the public on the premises.

SUBMIT THE FOLLOWING ITEMS. Failure to submit the required information will constitute an incomplete application and will not be accepted by the Department of Public Works.

Application Checklist	N/A
Completed Business License Application	<input type="radio"/>
Agency Sign-Offs	<input type="radio"/>
Proof of Ownership (i.e. DBA, Partnership Agreement, Articles of Incorporation, etc)	<input type="radio"/>
Outdoor Dining Encroachment Permit (if applicable)	<input type="radio"/> <input type="radio"/>
Valid California ID or Driver's License ONLY	<input type="radio"/>
Application Fee - \$300	<input type="radio"/>

Office Use Only			
Date Received	Received By	Payment Method	Cash <input type="radio"/>
Notes		Check <input type="radio"/>	
		Credit Card <input type="radio"/>	



PUBLIC EATING BUSINESS LICENSE APPLICATION

Department of Public Works
8300 Santa Monica Blvd.
West Hollywood, CA 90069
(323) 848-6375

1. Applicant Information

Applicant Name:

Address:

Phone Number:

E-mail:

Relationship to Business:

2. Business Information

Please list the business name and true address and mailing address (if different). The business address may not be a P.O. Box, mailbox, message service or similar device.

Business Name & DBA:

Business Address:

Phone Number:

Fax:

Business
E-mail:

Mailing Address
(if different):

Please describe
the business activity:

Operating Hours:

3. Ownership Information

What is the Ownership Type for your Business? Sole Ownership Partnership Corporation LLC Other

Please complete the following information for all partners, directors of a corporation and stockholders holding ten (10%) or more of the shares of the corporation. Also list information regarding an officer who is duly authorized to accept service of legal process.

Name/ Title:

Name/ Title:

Address:

Address:

Phone Number:

SS #:

Phone Number:

SS #:

Name/ Title:

Name/ Title:

Address:

Address:

Phone Number:

SS #:

Phone Number:

SS #:

Federal Tax I.D.#:

State Tax I.D.#:

Previous License and Criminal Information:

Have you or any of the other officers of the partnership or corporation been licensed before? Yes No

Have you or any of the officers of the partnership or corporation ever had a business license revoked? Yes No

Have you or any of the officers of the partnership or corporation ever been convicted of a criminal offense, other than a traffic violation? Yes No

If you answer "yes" to any of the above questions, please explain:

4. Emergency Contact Information

Please provide the following information of two individuals who may be contacted by the City in the case of an emergency.

Name: Title or Relationship to Business:

Address: Phone: E-mail:

Name: Title or Relationship to Business:

Address: Phone: E-mail:

**** ALL APPLICANTS MUST PROVIDE A COPY OF A CURRENT CALIFORNIA DRIVERS LICENSE OR COMPARABLE PHOTOGRAPH IDENTIFICATION.****

If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules and regulations of the City of west Hollywood. I declare under penalty of perjury that the above statements are true and correct.

In addition, I agree to advise the City of West Hollywood of any and all changes in the operations of the business in that such changes of the application form are necessitated.

The failure to truthfully complete this application may result in the denial of the application or a revocation of any licenses issued.

Applicant Signature:

Date:

Applicant Name:

Agency Approvals

Each of the following agencies must be contacted by the applicant in order to obtain their approvals and signatures as noted below. **The license will not be approved until all original signatures are obtained.**

Planning

City of West Hollywood
8300 Santa Monica Blvd. 2nd Floor
West Hollywood, CA 90069

Contact: Planner-on-Duty
(323) 848-6475 | Planning@weho.org
Hours: 8:00 AM - 6:00 PM, M - TH
8:00 AM - 5:00 PM, F

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:

Building and Safety (On-Site Inspection)

City of West Hollywood
8300 Santa Monica Blvd. 2nd Floor
West Hollywood, CA 90069

Contact: Inspection Line
(323) 848-6320 | Building@weho.org
Hours: 8:00 AM - 6:00 PM, M - TH
8:00 AM - 5:00 PM, F

Approved by (Print)

Date

Signature

NOTE: Please request an inspection for
"Business Licensing".

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:

Los Angeles Fire Prevention (On-Site Inspection)

864 N. San Vicente Blvd.
West Hollywood, CA 90069
(310) 358-2380

Hours: 8:00 AM - 10:00 AM ONLY, M - F

Approved by (Print)

Date

NOTE: Please request an inspection for
"Business Licensing".

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:

Agency Approvals Continued

Los Angeles County Health Department (On-Site Inspection)

Beverly Hills & West Hollywood District
3530 Wilshire Blvd., 9th Floor
Los Angeles, CA 90010

Contact: **Kristine Rostomyan REHS**
(323) 848-6835 | krostomyan@ph.lacounty.gov

Hours: 8:00 AM - 12:00 PM ONLY, T & TH

Approved by (Print)

Date

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:

Finance (Tax Certificate)

City of West Hollywood
8300 Santa Monica Blvd. 1st Floor
West Hollywood, CA 90069

Contact: **Laura D'Ambrosia**
(323) 848-6451 | Cashier@weho.org

Hours: 8:00 AM - 6:00 PM, M - TH

8:00 AM - 5:00 PM, F

Approved by (Print)

Date

Signature

Apply Online: [Click Here](#)

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE:

*****LAST SIGN-OFF*****

Code Compliance Supervisor

City of West Hollywood
8300 Santa Monica Blvd. 2nd Floor
West Hollywood, CA 90069

Contact: **Business Licensing and Permits**
(323) 848-6375 | Code@weho.org

Approved by (Print)

Date

*****LAST SIGN-OFF*****

Signature

COMMENTS or CONDITIONS TO BE PLACED ON BUSINESS LICENSE: