



# PUBLIC EATING (NO ALCOHOL SERVICE) BUSINESS LICENSE APPLICATION

Community Safety Department  
8300 Santa Monica Boulevard  
West Hollywood, CA 90069  
(323) 848-6437 | [Code@weho.org](mailto:Code@weho.org)

**5.08.010 BUSINESSES REQUIRED TO BE LICENSED.** No person shall commence, conduct or purport to commence or conduct the following business activities without a valid business license:

## 29. Public eating places and food establishments

**PUBLIC EATING PLACE WITH ALCOHOL SERVICE DEFINED:** *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.*

**FOOD ESTABLISHMENT DEFINED:** *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.*

Prior to submitting this application, please ensure all items listed below are included with your application. *Failure to submit the required information listed below will deem your application as incomplete and WILL NOT be accepted/processed.*

### CHECKLIST

N/A    INCLUDED

1. COMPLETED BUSINESS LICENSE APPLICATION
2. PROOF OF OWNERSHIP (*i.e., DBA, Partnership Agreement, Articles of Inc., etc*)
3. OUTDOOR DINING ENCROACHMENT PERMIT (*if applicable*)
4. VALID CALIFORNIA ID OR DRIVER'S LICENSE ONLY
5. AGENCY SIGN-OFFS
6. APPLICATION FEE - \$300

**NOTE:** Please email this application and all supporting documents requested on the above-mentioned checklist, to [code@weho.org](mailto:code@weho.org). Your application will be reviewed, and once deemed complete, an invoice will be sent via email.

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**FOR INTERNAL USE ONLY**

RECEIVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_



# BUSINESS LICENSE APPLICATION

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## 1. Applicant Information

Applicant Name

Address

Relationship to Business

e-mail

Phone #

## 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  
(WeHo location  
of operations)

Operating Hours

email

Phone #

Mailing Address (if different):

Business Activity

## 3. Ownership Information

LLC | SOLE | PARTNERSHIP | CORPORATION | OTHER

Federal Tax I.D.#:

State Tax I.D.#:

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 or Relationship  
to Business

Address

Email

Phone #

Name

Title or Relationship  
to Business

Address

Email

Phone #

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#### 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:  Phone:  E-mail:

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Name:

Title or Relationship to Business:  Phone:  E-mail:

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**\*\* 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:

# PUBLIC EATING (NO ALCOHOL SERVICE) AGENCY APPROVALS

Failure to obtain the required agency approvals listed below will result in your application being deemed incomplete and will not be accepted/processed. Please contact each agency for appointment.

## **BUSINESS NAME**

## **ADDRESS**

## **PLANNING**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: PLANNER-ON-DUTY**  
**(323) 848-6475** | [PLANNING@WEHO.ORG](mailto:PLANNING@WEHO.ORG)  
**HOURS: M – TH 8 AM - 6 PM**  
**FRI, 8 AM - 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

## **COMMENTS/CONDITIONS:**

**MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"**

## **BUILDING & SAFETY**

(On-Site Inspection)

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD. 2<sup>nd</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: INSPECTION LINE**  
**(323) 848-6320** | [BUILDING@WEHO.ORG](mailto:BUILDING@WEHO.ORG)  
**HOURS: M-TH 8 AM - 6 PM**  
**FRI, 8 AM - 5 PM**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

## **COMMENTS/CONDITIONS:**

**MUST REQUEST AN INSPECTION FOR "BUSINESS LICENSING"**

## **FIRE PREVENTION, STATION 7**

(ON-SITE INSPECTION REQUIRED)

864 N. SAN VICENTE BLVD.  
WEST HOLLYWOOD, CA 90069

**CONTACT: (310) 358-2380**  
**HOURS: M-F, 8 AM - 10 AM ONLY**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

## **COMMENTS/CONDITIONS:**

**PUBLIC EATING (NO ALCOHOL SERVICE) AGENCY APPROVALS**  
continued...

**BUSINESS NAME**

**ADDRESS**

**L.A. COUNTY HEALTH DEPARTMENT**

(On-Site Inspection)  
BEVERLY HILLS & WEHO DISTRICT  
3530 WILSHIRE BLVD., 9<sup>th</sup> FL  
LOS ANGELES, CA 90010

**CONTACT: ZEPYUR MANJIKIAN**  
[ZMANJIKIAN@PH.LACOUNTY.GOV](mailto:ZMANJIKIAN@PH.LACOUNTY.GOV)  
**(213) 351-7959 | (213)351-7352**

**COMMENTS/CONDITIONS:**

APPROVED BY (PLEASE PRINT)

DATE

SIGNATURE

**REVENUE MANAGEMENT**

**(TAX CERTIFICATE)**

CITY OF WEST HOLLYWOOD  
8300 SANTA MONICA BLVD., 1<sup>st</sup> FL  
WEST HOLLYWOOD, CA 90069

**CONTACT: [FINANCEREVENUE@WEHO.ORG](mailto:FINANCEREVENUE@WEHO.ORG)**  
**(323) 848-6451**

**HOURS: M – TH, 8 AM - 6 PM**  
**FRI, 8 AM – 5 PM**

**COMMENTS/CONDITIONS:**

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DATE

SIGNATURE

**\*\*\*\*\*INTERNAL USE ONLY\*\*\*\*\***

**CODE ENFORCEMENT**

CITY OF WEST HOLLYWOOD  
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SIGNATURE

**COMMENTS/CONDITIONS:**