



**City of Fountain Valley**  
**Business License Application**

• **Business Licensing Division** •  
 8839 N Cedar Ave #212, Fresno, California 93720  
 PH (714) 855-3982 • FAX (909) 348-0465

Apply Online Today At: <https://fountainvalley.hdlgov.com/>

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
NAIC Code	_____
License Fee \$	_____
Check # _____	<input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Cash

**PLEASE TYPE OR PRINT WITH PEN**

<b>Business Name</b> _____	<b>Bus. Start Date</b> _____
<b>Corporate Name</b> (if applicable) _____	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	<b>Email Address</b> _____
<b>Mailing Address</b> _____	<b>State Sales Tax No.</b> _____
<b>Phone No.</b> _____ <b>Alt. No.</b> _____	<b>Federal ID No.</b> _____
<b>Description of Business</b> _____	<b>State ID No.</b> _____
<b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	<b>State License No.</b> _____
	<b>State License Type</b> _____
	<b>Expire Date</b> _____

**PERSONAL INFORMATION** - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

<b>1st Owner Name</b> _____ <b>Title</b> _____	<b>Social Security No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Driver's License No.</b> _____
	<b>Phone No.</b> _____
	<b>Other ID No.</b> _____
<b>2nd Owner Name</b> _____ <b>Title</b> _____	<b>Social Security No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Driver's License No.</b> _____
	<b>Phone No.</b> _____
	<b>Other ID No.</b> _____

● Have you filed a Fictitious Business Name Statement?  Yes  No If yes, please attach copy of approved filed FNS.

● Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

**EMERGENCY NOTIFICATION** - In case of emergency and I cannot be reached, please call:

<b>Name</b> _____	<b>Title</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____
	<b>Cell Phone No.</b> _____

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN** **Business License Application Information**

**CERTIFICATION AND ACKNOWLEDGEMENT**

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Fountain Valley Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.

**SIGN HERE**

➔ \_\_\_\_\_  
 Signature of Owner or Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

<b># of Owners/Employees</b> _____	<b># of Units, Rooms, Washers, Dryers</b> _____
<b># of Work Vehicles</b> _____	<b># of Amusement Devices</b> _____
<b># of Fuel Pumps</b> _____	<b># of Coin-op Vending Machines</b> _____
<b>Contractor/Subcontractor</b> <input type="checkbox"/>	<b>Lic Type</b> <input type="checkbox"/> 3 mos <input type="checkbox"/> 6 mos <input type="checkbox"/> 1 yr

**RETURN APPLICATION BY MAIL TO:**  
 City of Fountain Valley - Business Licensing  
 8839 N. Cedar Ave #212  
 Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[FountainValley@hdlgov.com](mailto:FountainValley@hdlgov.com)

*Thank you for doing business  
 in the City of Fountain Valley!*

**NOTICE: 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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).**

**SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION**

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_

**Residential Address to protect**

Business Location

Mailing Address

Owner/Partner/Officer Address