



**TO: SUNSET MARKET VENDORS WHO ATTEND 7 OR MORE
MARKET DATES A YEAR**

OCEANSIDE BUSINESS LICENSE APPLICATION INSTRUCTIONS

EXISTING BUSINESS

As we informed you last week, all regularly attending Vendors are required to hold a City of Oceanside Business License. We have prepared this information to assist you with your application process with the City of Oceanside.

If you CURRENTLY HAVE a store front or commercial business location in Oceanside and you HAVE a business license, you are considered an **EXISTING BUSINESS**.

To assist you, we have attached a SAMPLE COPY of the Business License application you will use when you apply for your License. We have highlighted ALL the areas you are to complete in **YELLOW**. Do not complete any section not highlighted.

You must complete the section that we have labeled on our sample application as “A” and you will be simply updating your business description by adding the Sunset Market as one of your places of business.

We are also attaching a blank application for you to complete. There will be **NO COST** for amending your current Business License.

Please complete your application and deliver it to the City of Oceanside offices located at 300 N. Coast Highway.

Note: The Business License Department is located on Ditmar Street, mid block between Pier View Way and Civic Center Drive – just 2 blocks from the Sunset Market Venue. They are open Monday thru Friday 8am – 5pm. You can stop by their offices on the way to the Market or it is an easy walk from our venue.

To assist anyone who needs help with this process, the City will have a representative at the Sunset Market on 5/17/18 between the hours of 3:00 – 5:00pm. **Existing license holders are encouraged to deliver your amended application to the representative on 5/17.**

Please be advised, the City has provided us a window of time to complete this process by Thursday, May 24, 2018. Vendors must have a License by this date to continue vending in the Sunset Market.

Thank you for your cooperation, MainStreet Oceanside

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ADD ADDITIONAL LOCATION TO EXISTING BUSINESS LICENSE

A



BUSINESS LICENSE APPLICATION

City of Oceanside
Financial Services Department

Please make checks payable to City of Oceanside
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

PLEASE INDICATE:

- ☐ New Business
- ☒ Additional Location
- ☐ Change of Owners
- ☐ Change of Address
- ☐ Change of Business Name
- ☐ Add/Change Business Description
- ☐ Home Occupation
- ☐ No Longer in Business

BUSINESS INFORMATION

MAILING ADDRESS:

BUSINESS LOCATION:

Business Name: **VENDOR TO FILL IN**

Business Address: **VENDOR'S ACTUAL ADDRESS**

In care of: **NOT REQUIRED**

(NO PO BOX)

NUMBER STREET SUITE NO.

VENDOR'S ACTUAL ADDRESS

Mail Address: **VENDOR TO FILL IN**

Bus. Phone: **VENDOR TO FILL IN**

CITY STATE ZIP

VENDOR TO FILL IN NUMBER STREET SUITE NO.

Corp. Name: **FILL IN IF CORP.** Phone#: **NOT REQ'D**

CITY STATE ZIP

City Start Date **NOT REQ'D**

State ID **FILL IN IF YOU HAVE**

Health Permit **NOT REQ'D**

☐ Sole Prop

Hrs. of Operation **5:00 - 9:00PM**

Fed ID **FILL IN IF YOU HAVE**

ABC License # **NOT REQ'D**

☐ Partnership

Of Employees **VENDOR TO FILL IN**

Seller's Permit **FILL IN**

Contractor #/Class **NOT REQ'D**

☐ Corporation

☐ LLC

Property Owner/Management Co: **NOT REQUIRED**

Address of Owner/Management Co: **NOT REQUIRED**

Phone Number of Owner/Management Co: **NOT REQUIRED**

Business activity must be described in detail: **ADDITIONAL BUSINESS LOCATION AT OCEANSIDE SUNSET MARKET**

SIZE OF FACILITY (sq. ft.) **NOT REQUIRED**

OWNERSHIP INFORMATION

Owner/Pres: **VENDOR TO FILL IN**

Owner/Pres: **NOT REQUIRED**

Home Address: **VENDOR TO FILL IN - NO PO BOXES**

Home Address: **NOT REQUIRED**

NUMBER STREET SUITE NO.

VENDOR TO FILL IN

CITY STATE ZIP

NUMBER STREET SUITE NO.

NOT REQUIRED

CITY STATE ZIP

Email: **VENDOR TO FILL IN**

Email: **NOT REQUIRED**

Home/Cell Phone: () **VENDOR TO FILL IN**

Home/Cell Phone: () **NOT REQUIRED**

SSN: **VENDOR FILL IN** Birth Date: **VENDOR FILL IN**

SSN: **NOT REQUIRED** Birth Date: **NOT REQ'D**

DL# **VENDOR FILL IN** Issuing State **FILL IN**

DL# **NOT REQUIRED** Issuing State **NOT REQ'D**

Bid Amount: **NOT REQUIRED**

Fees: **\$ 00.00**

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.

VENDOR FILL IN

TITLE

SIGNATURE

VENDOR FILL IN

DATE

License No. **BL-**

On October 11, 2017, Governor Brown signed AB-1379. This bill raised the SB-1186 fee to \$4.00 for six years, effective January 1, 2018. The fee returns to \$1.00 after the six year period.

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov



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BUSINESS LOCATION:

Business Name: _____

Business Address: _____

(NO PO BOX)

NUMBER STREET SUITE NO.

In care of: _____

CITY STATE ZIP

Mail Address: _____

Bus. Phone: _____

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Corp. Name: _____ Phone#: _____

City Start Date _____ State ID _____

Health Permit _____ ☐ Sole Prop

Hrs. of Operation _____ Fed ID _____

ABC License # _____ ☐ Partnership

Of Employees _____ Seller's Permit _____

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☐ LLC

Property Owner/Management Co: _____

Address of Owner/Management Co: _____

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SIZE OF FACILITY (sq. ft.) _____

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Owner/Pres: _____

Owner/Pres: _____

Home Address: _____

Home Address: _____

NUMBER STREET SUITE NO.

NUMBER STREET SUITE NO.

CITY STATE ZIP

CITY STATE ZIP

Email: _____

Email: _____

Home/Cell Phone: (____) _____

Home/Cell Phone: (____) _____

SSN: _____ Birth Date: _____

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DL# _____ Issuing State _____

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Bid Amount: _____ Fees: _____

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- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.ccda.ca.gov