



# CITY OF HERMOSA BEACH

1315 Valley Drive • Hermosa Beach, California 90254  
Attn: Business License • (310) 318-0206 • FAX (310) 937-5959

## BUSINESS LICENSE APPLICATION

• Please Check One •

NEW APPLICATION ☒  
CHANGE OF OWNER ☐  
CHANGE OF ADDRESS ☐  
CHANGE OF BUS NAME ☐  
HOME OCCUPATION ☐

**Business Name** CrossFit Horsepower: Hermosa Beach

**Corporate Name** Hermosa Fitness LLC  
(If Different)

**Business Location** 725 Cypress Avenue  
(Not P. O. Box)

**City** Hermosa Beach **State** CA **Zip** 90254

**Bus. Phone** (310) 921-8755

**Mailing Address** \_\_\_\_\_  
(If Different)

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Ownership:** ☐ Corporation ☐ Partnership ☐ Trust  
☐ Sole Proprietor ☒ Ltd Liability Corp.

**Tax I. D. No. or Social Security No.** 46-4399648

**PAID SEP 10 2014**

**OFFICIAL USE ONLY**

**LICENSE NO.** 1134401

**EXPIRATION DATE** \_\_\_\_\_

**SIC CODE** \_\_\_\_\_

**RATE TYPE** \_\_\_\_\_

**REGISTER DATE** \_\_\_\_\_

**CHECK#** \_\_\_\_\_ ☐ CASH ☐ CREDIT CARD

**Start Date** 08/07/14 **Description of Business** Fitness Training

**Bus. Fax** ( ) \_\_\_\_\_ **Email Address** dan@crossfithorsepower.com **Website** www.crossfithorsepower.com

**State Lic. No.** pending **License Type** \_\_\_\_\_ **Resale No.** pending

### PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

**Owner Name** Dan Wells **Title** Managing Partner/CEO **Phone** (310) 921-8755

**Home Address** 11546 Canton Drive **Cell Phone** (310) 429-1880

**City** Studio City **State** CA **Zip** 91604

**Owner Name** Jed Sanford c/o Blackhouse **Title** Managing Partner/Chairman **Phone** (310) 921-8755

**Home Address** 1216c Hermosa Avenue **Cell Phone** (310) 890-7149

**City** Hermosa Beach **State** CA **Zip** 90254

**PAID SEP 10 2014**

### Emergency Notification - In case of an emergency and I cannot be reached, please call:

**Name** Ashley Hubersberger **Title** Manager **Phone** (310) 921-8755

**Address** 1316 Monterrey Blvd. **Cell Phone** (818) 481-7435

**City** Hermosa Beach **State** CA **Zip** 90254

### Alarm System (if applicable)

**Name** Security One (Chad Madrid) **Phone** (424) 903-9779

**Address** 11601 Wilshire Blvd., Suite 500, Los Angeles, CA 90025 **License No.** \_\_\_\_\_

PLEASE FILL IN THE APPROPRIATE BOXES  
BELOW AND SIGN ON REVERSE SIDE

FOR CITY USE ONLY

<b>Gross Receipts</b> \$ <u>300,000.00</u>	<b>NOTICE:</b> 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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> - The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a> .	<b>Base Tax</b> \$
<b>Number of Employees</b> Full Time <u>2</u> Part Time <u>2</u>		<b>Gross Receipt Tax</b> \$
<b>Number of Vehicles</b> _____		<b>(Credit)</b> \$
<b>Total Number of Units</b> _____		<b>Vehicle/Unit Tax</b> \$
<b>Owner Exempt Unit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Vending Machine Tax</b> \$
<b>Number of Days Open after 12 AM</b> _____		<b>Employee Tax</b> \$
<b>Circle the Days Open after 12 AM</b> Mon. Tues. Wed. Thurs. Fri. Sat. Sun.		<b>Surcharge</b> \$
<b>Number of Vending Machines</b> _____		<b>State CASp Fee</b> \$ <u>1.00</u>
		<b>Grease Trap Fee</b> \$
		<b>Clean Bay Restaurant Fee</b> \$
<b>TOTAL AMOUNT DUE</b> \$ <u>1.00</u>		

*Thank you for doing business in the City of Hermosa Beach*

PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH