Attachment C:

October 4, 2022 Email

Email from Hollywood Cares team submitting the initial application for a City issued business license.

Courtney Christy

From: Shannon Anderson <shannon@awaconsults.com>
Sent: Tuesday, October 4, 2022 9:58 AM
To: Courtney Christy
Cc: Amelia Williamson; Jason Lee; Rob Smith; Lynel Washington
Subject: HOLLYWOOD CARES FOUNDATION - Business License Application
Attachments: Business_License_Application_HCF.pdf

Good Morning, Courtney. Please let us know if all looks good on the attached application for you to walk it down and submit on our behalf — thank you again so much for that generous offer. I know you mentioned that fees were waived for nonprofits, but please do let us know if you need a credit card or other form of electronic payment for any incidentals to get this through ASAP.

We very much appreciate your assistance with expediting the process!

Warmest,
Shannon

ATTACHMENT C

FOR OFFICE USE ONLY:

ACCOUNT # _____

CUSTOMER ID # _____

LICENCE REF # _____

CLASS _____

CITY OF STOCKTON

ADMINISTRATIVE SERVICES DEPARTMENT
REVENUE SERVICES DIVISION–BUSINESS LICENSE TAX
425 North El Dorado Street • PO Box 1570 • Stockton, CA • 95201
Phone (209) 937-8313 Fax (209) 937-7184
Email: bl@stocktonca.gov
www.stocktonca.gov

BUSINESS LICENSE TAX APPLICATION

NEW LIC ☑ Number of Employees: Full Time_____ Part Time_____ Temporary_____ Square Footage_____

CHANGE ☐ Change From_____ Date of Change_____ Bus Lic #_____

NOTE: Any change in ownership, address, or business activity, requires a new application. The City of Stockton does not guarantee that information on this form will be exempt from disclosure under the Public Records Act.

BUSINESS INFORMATION:

1. Business Name (DBA) Hollywood Cares Foundation, Inc. Phone ( )_____
2. Business Address 6390 DELONGPRE AVE PENTHOUSE 2 Ste/Apt #____ City Los Angeles State CA Zip 90028
   (Cannot be PO Box per CA Bus & Prof Code Section 17538.5) (List address where each individual consent to receive service of process AB2184 Sec 1600.)
3. Business Mailing Address_____ Ste/Apt #____ City_____ State____ Zip_____
   (If different from the service process address/Business address)
4. Business Email Address thehollywoodunlocked@gmail.com
5. **Business involved in renting residential or commercial real estate (Stockton only):**
   Property Address_____
   Property Owner_____ **Parcel #**_____
6. Detail Description of Business Activity Non-profit youth development initiative
7. Standard Industrial Classification (SIC): Services Major Group: _____
8. Are you Chamber of Commerce Green Certified? Yes ☐ No ☑ (For information contact Chamber of Commerce (209) 547-2770)
9. Start date in the City of Stockton November '22 Estimated **Monthly** Gross Receipts in Stockton $ n/a
10. **Contractor's only:** Project Amount_____ CA Contractor's License #_____
    Classification_____ Expiration Date_____ ☐ Annual ☐ Quarterly Contractors License
11. Seller's Permit #_____ SS# or Tax ID # 88-2250493
12. Check One: ■ Single Owner ☐ Partnership ☐ Corporation ☐ LP ☐ LLC

OWNER(S) INFORMATION: (The following personal information is not public and will not be shared in accordance with city policy OL-103.) Proof of compliance with Business and Professions Code Section 17538.5(b)(2)(A)(B) may be submitted in lieu of home address.

1. Name Jason Johnson Address 8833 Hollywood Blvd.
   City Los Angeles State CA Zip 90069 Home Phone (424) 533-3441
   Date of Birth 08/16/1977 Driver's Lic or Other I.D.# B3074646 State CA
2. Name_____ Address_____
   City_____ State_____ Zip_____ Home Phone (____)_____
   Date of Birth_____ Driver's Lic or Other I.D.#_____ State_____

****ALTERED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

FOR OFFICE USE ONLY:

ACCOUNT # _____

CUSTOMER ID # _____

LICENSE REF # _____

CORPORATION, LLC, or LP INFORMATION: (Must be Registered in California)

Name HOLLYWOOD CARES FOUNDATION INC Corp/LLC/LP # 88-2250493

Names of Officers/Members

President: Jason Johnson Secretary: _____

Vice President: Rob Smith Treasurer: _____

Authorized Agent: _____ Contact Phone # _____

Authorized Agent: _____ Contact Phone # _____

PLEASE NOTE:

The Issuing of your Business License is for revenue purposes only. It does not relieve you from the responsibility of complying with the requirements of any other department of the City of Stockton and/or any other ordinance, law or regulation of the City of Stockton, State of California, or any other governmental agency.

Business Licenses are not transferable. It is your responsibility to renew your Business License whether or not you receive a renewal notice. If you are no longer conducting business in the City of Stockton, you must notify us in writing. To appeal a business license that has been denied see SMC 5.04.210.A.

I HAVE READ AND UNDERSTAND THE TERMS ABOVE • I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

Owner/Authorized Signature	Title	Date
	CEO	October 3, 2022
Owner/Authorized Signature	Title	Date

Disability Access and Education Fee (SB 1186)

**State Mandated Disability Access and Education Revolving Fund.
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.ccda.ca.gov.

FOR OFFICE USE ONLY

Processed By:		**Date:**	**Business License Taxes/Fees**	**Amount**
Dept/Div Checked Must Approve or Deny		**Authorized Signature and Date**	Registration Tax	**$24.00**
☐ Planning	Approved☐ Denied ☐		Mill Tax/Flat Rate Tax	
☐ Building	Approved☐ Denied ☐		Penalty	
☐ Fire	Approved☐ Denied ☐		Prior Year(s) Taxes	
☐ Police	Approved☐ Denied ☐		**State Mandated Disability Access and Education Revolving Fund	**$4.00**
☐ MUD/Stormwater	Approved☐ Denied ☐			
☐ Other:	Approved☐ Denied ☐		Total Due	
			Expiration Date	

PLEASE RETAIN A COPY FOR YOUR RECORDS