

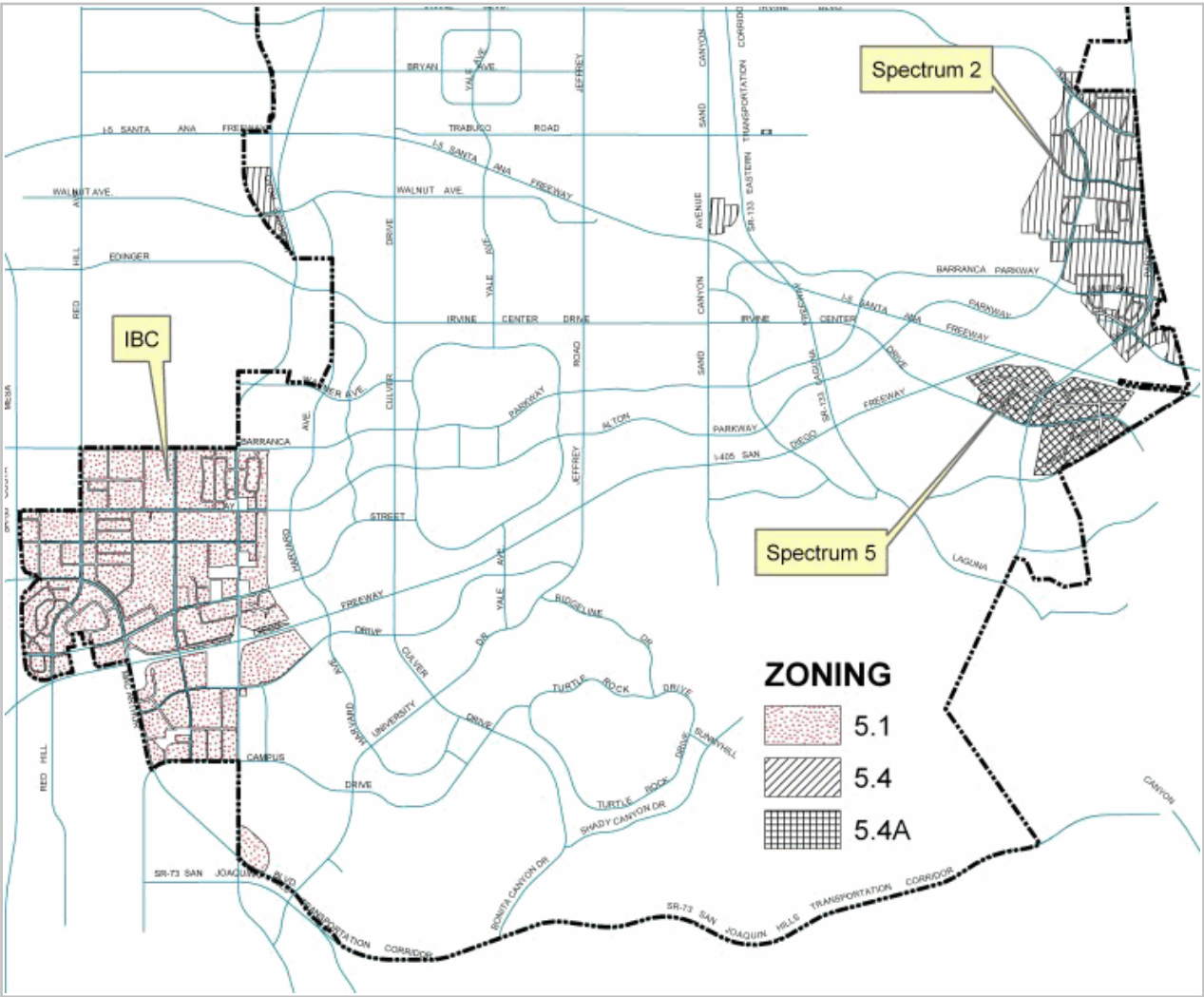


# BUSINESS LICENSE APPLICATION

Welcome to the City of Irvine Business License Online Application. Before applying for a business license we need to verify that your business meets all City Zoning Requirements. Please review the City Zoning Map and information below.

- 1. Administrative office as a primary land use is a prohibited land use in the 5.4 and 5.4A general industrial zone (see City Zoning Map).
- 2. Medical office, restaurant, and other specific uses in the 5.1 Irvine Business Complex (IBC) require a conditional use permit (CUP).
- 3. To check the zoning of a location, please call the Development Assistance Center at (949) 724-6308.
- 4. You may also search the City of Irvine's "Online Parcel Information" at: <http://www.cityofirvine.org/depts/cd/gis/parcel.asp>
- 5. The City of Irvine Zoning Ordinance can also be found online at: <http://library.municode.com/index.aspx?>

☒ I have reviewed the zoning map and verified that my business activity meets all City of Irvine Zoning Requirements.



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# BUSINESS LICENSE APPLICATION

## BUSINESS INFORMATION

### BUSINESS NAME

PRECISION FLOW TECHNOLOGIES INC.

### ADDITIONAL BUSINESS NAMES (DBA's)

### BUSINESS ADDRESS (If P.O. Box/Virtual Office -USPS Form 1583 & CMRA acknowledgement form required)

1642 MCGAW AVENUE

CITY	STATE	ZIP	FAX NUMBER
IRVINE	CA	92614	( )-

### MAILING ADDRESS

1642 MCGAW AVENUE

CITY	STATE	ZIP	WEB ADDRESS
IRVINE	CA	92614	WWW.AQUFLOW.COM

### PLEASE DESCRIBE THE EXACT NATURE OF THE BUSINESS ACTIVITY TO BE CONDUCTED - ONLY ONE (1) BUSINESS ACTIVITY PER APPLICATION (i.e., Physician, Painter, Beautician, etc.)

ASSEMBLY AND DISTRIBUTION

## AUTHORIZED OWNER OR AGENT OF BUSINESS

LIST RESIDENCE ADDRESS, PHONE, TITLE, AND DRIVER'S LICENSE NUMBER OF OWNER, PRESIDENT, PARTNER, CEO, (NOTE: The name of the person(s) listed below will be printed on the Business License Certificate; if necessary, attach a list of additional contacts.)

1.NAME	TITLE		
AL HUSSAINI	PRESIDENT		
RESIDENCE ADDRESS* (Only confidential if different from business address)	PHONE* Confidential if Different From Bus Num		
2 RAVENNA	(949)500-1686		
CITY	STATE	ZIP	DRIVER'S LICENSE NUMBER / STATE
IRVINE	CA	92614	D1061178 / CA

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## ADDITIONAL OWNER INFORMATION

2. NAME			TITLE
ATIYA AKBAR			SECRETARY
RESIDENCE ADDRESS*			PHONE
2 RAVENNA			(949)735-8139
CITY	STATE	ZIP	DRIVER'S LICENSE NUMBER / STATE
IRVINE	CA	92614	B8533097 / CA

## EMERGENCY CONTACT INFORMATION

PLEASE INDICATE WHOM THE CITY SHOULD CONTACT (OTHER THAN THE OWNER) IN THE EVENT OF AN EMERGENCY i.e. fire, securing the building, etc.)

NAME	TITLE	PHONE
VANESSA HERNANDEZ	CUSTOMER SERVICE	(949)757-1753

IS YOUR OCCUPATION LICENSED BY THE STATE?	ESTIMATED ANNUAL GROSS SALES
No	1500000

STATE LICENSE TYPE	STATE LICENSE NUMBER	EXPIRATION DATE
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INDICATE THE TYPE OF BUSINESS BEING DONE AT THE IRVINE LOCATION

MANUFACTURING33

INDICATE THE TYPE OF OWNERSHIP

Corporation

DO ANY PRODUCTS BEING SOLD OR MANUFACTURED CONTAIN CANNABIS, CBD, HEMP, OR RELATED INGREDIENTS?

NO

Specify In Detail Goods Sold

PUMPS - DOSING

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IS YOUR ORGANIZATION TAX EXEMPT?		IF YES, SPECIFY BELOW AND SUBMIT IRS DETERMINATION LETTER AT TIME OF PAYMENT	
<input type="checkbox"/> YES MY ORGANIZATION IS TAX EXEMPT		<input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> ORGANIZATION PAYING IN-LIEU OF TAXES TO THE STATE	
IF YOUR ORGANIZATION HAS MULTIPLE BRANCH LOCATIONS IN IRVINE UNDER THE SAME SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER, PLEASE INDICATE THE <b>BUSINESS LICENSE CERTIFICATE NUMBER(S)</b> BELOW AND OMIT PAYMENT.			
FEDERAL EMPLOYER ID (FEIN) (ex. XX-XXXXXXX)		STATE EMPLOYER ID (EDD NUMBER) (ex. XXX-XXXX-X)	
20-8650887		287-3666-8	
STATE SALES TAX NUMBER (RESALE)		DATE BUSINESS STARTED IN IRVINE	
101-070750		1/6/2021	
SPECIFY JOB LOCATION / ADDRESS / SERVICES IN IRVINE			
ASSEMBLY AND WAREHOUSE			
BUSINES ADDRESS IS P. O. BOX OR VIRTUAL OFFICE			
DID YOU PURCHASE THIS BUSINESS?		IF YES, ENTER DATE OF PURCHASE	
DOES YOUR BUSINESS CREATE, STORE, GENERATE, OR USE HAZARDOUS SUBSTANCES OR ANY PRODUCTS THAT ARE CONSIDERED TO BE CORROSIVE, REACTIVE, IGNITABLE, TOXIC, AND/OR OZONE DEPLETERS?			
NO			
IS THIS APPLICATION MADE TO MOVE AND EXISTING BUSINESS FROM ANOTHER LOCATION IN IRVINE?			
NO			
HOW MANY PEOPLE (INCLUDING OWNERS, CONTRACT WORKERS, FULL AND PART-TIME EMPLOYEES) ARE WORKING AT THIS SPECIFIC LOCATION IN IRVINE FOR YOUR BUSINESS?			
Contractors: 0		Employees: 6	
		Owners: 1	
DOES YOUR BUSINESS SELL ALCOHOL?		IF YES, PLEASE PROVIDE ABC LICENSE NUMBER	
IF YOUR BUSINESS IS LOCATED IN IRVINE, DOES IT HAVE A SECURITY ALARM?			
NO			
IF YES, DOES YOUR LOCATION HAVE AN IRVINE POLICE DEPARTMENT ALARM PERMIT?			

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## BUSINESS LICENSE APPLICATION

### Home-Based Business Requirements

Is your City of Irvine Business and Residential Address the same?

☐ YES

☒ NO

#### Home-Based Business Requirements

**NOTICE TO ALL APPLICANTS:** Issuance of this license shall not entitle you to transact or to carry on any business covered by this license unless you comply with all requirements of this chapter and any other applicable Federal, State, or Local regulations pertaining to such business, including any applicable restrictions contained in private Covenants, Conditions & Restrictions (CC&R's) governing your property. Home Occupation Permits shall be approved by the City of Irvine provided the following standards are met:

1. The home occupation shall be an incidental and accessory use and shall not change the principal character of the dwelling unit.
2. The residence shall not be the primary point of customer pickup or delivery, nor shall the home occupation cause a significant increase in vehicular traffic in the neighborhood.
3. A sexually oriented business shall not be permitted to be conducted as a home occupation business.
4. There shall be no signs or other exterior evidence relating to the home occupation.
5. The home occupation may be conducted in the garage, but shall not use any space required for off-street parking.
6. Only the residents of the dwelling unit may be employed in the home occupation.
7. Electrical or mechanical equipment which creates visible or audible interference in radio, television or telephone or causes fluctuations in line voltage outside the dwelling unit shall be prohibited.
8. The home occupation shall not create noise or odors in excess of that normally associated with a residential use.
9. The home occupation is limited to (1) business related vehicle.

**I UNDERSTAND THAT IN THE EVENT IT IS DETERMINED THAT MY BUSINESS DOES NOT COMPLY WITH CITY REQUIREMENTS, MY BUSINESS LICENSE MAY BE REVOKED. I DO HEREBY CERTIFY THAT, UNDER PENALTY OF PERJURY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.**

If you have any questions, please contact the Development Assistance Center at (949) 724-6308. If we are unable to approve your request for a home-based business, you will be invited to attend a hearing pursuant to City Council Ordinance 93-06, Sections II.M-217 and II.M-218, prior to denying your business license. If you are not satisfied with the decision made following your hearing, you may file a Notice of Appeal with the City Clerk within thirty (30) days of receipt of the written decision to deny the license.



**UNDERSTANDING OF REQUIREMENTS ABOVE INITIALED**

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## EMPLOYERS MUST HAVE WORKERS' COMPENSATION INSURANCE

I UNDERSTAND THAT UNDER CALIFORNIA LAW, I AM REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE FOR MY EMPLOYEES AT ALL TIMES.

I FURTHER UNDERSTAND THAT MY FAILURE TO HAVE THE APPROPRIATE COVERAGE WILL SUBJECT ME TO CIVIL PENALTIES OF \$10,000 PER EMPLOYEE WHO IS NOT COVERED BY WORKERS' COMPENSATION AND CRIMINAL PENALTIES OF UP TO ONE (1) YEAR IN JAIL AND/OR A FINE OF UP TO \$10,000.

I KNOW THAT EVEN IF I DON'T HAVE EMPLOYEES RIGHT NOW, I WILL BE REQUIRED TO GET WORKERS' COMPENSATION

☐ NO ☒ YES

NUMBER OF CURRENT EMPLOYEES: 6

## DISABILITY ACCESS

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:

DIVISION OF THE STATE ARCHITECT: [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)  
DEPARTMENT OF REHABILITATION: [www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)  
CALIFORNIA COMMISSION ON DISABILITY ACCESS: [www.cdda.ca.gov/](http://www.cdda.ca.gov/)

## AGREEMENT

### APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT SIGNATURE AND PAYMENT

I UNDERSTAND THAT THE ISSUANCE OF A CITY OF IRVINE BUSINESS LICENSE IS NOT A REGULATORY LICENSE TO OPERATE BUT A TAX IMPOSED BY THE CITY. IT IS THE RESPONSIBILITY OF THE APPLICANT/LICENSEE TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF IRVINE CODES, CITY ZONING ORDINANCES AND STATE AND FEDERAL LAWS. NONCOMPLIANCE MAY RESULT IN THE CITY REVOKING THE BUSINESS LICENSE. PLEASE CONTACT THE PLANNING AND ZONING COUNTER AT (949) 724-6308 TO CONFIRM YOUR BUSINESS MEETS THE REQUIREMENTS OF THE CITY ZONING ORDINANCE.

I HEREBY CERTIFY, UNDER PENALTY OF PERJURY, THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT.

EXECUTED THIS **23** DAY OF **April** **2024** I, **Al Hussaini**  
Day Month Year Print full name

BY SUBMITTING THIS APPLICATION, I ACCEPT THE CONDITIONS & DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.



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