

Renewing a Business License or Permit

Click on the link below

<https://hawthorne.progressivecloud.net/webrenewals/>

Enter in your account number and security code provided on the renewal notice



Business License Payments

Enter Account Number: Tuesday, December 10, 2024

Account Number

Security Code

Click to Save Changes when ready

- [What to do if you lost your security code](#)
- [Learn more about the security code](#)

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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

[Report a Problem](#)

Next, verify that the information is correct and click “pay for permit” or renew license if its for a business license. If you are already licensed, you can also print the license.



Select Language
Powered by: [Log Out](#)

Business License Attributes

Please confirm that the following information provided is correct:

License Expiration Date:

Expiration Date: 12/31/2024

Business Attributes:

Account Number: 8001685
Name: TEST STEVE
DBA:
Phone: (555)555-5555

Business Address:

Address: 595 W LAMBERT RD STE 203
City: BREA, CA, 92821-3940

Mailing Address:

Attention:
Mailing Address: 595 W LAMBERT RD STE 203
Mailing City: BREA, CA, 92821-3940

Contacts:

Code	Contact Name	Address	Phone	Email Address
Owner	SPSP		(555)555-5555	sc@scs.com

Please select how you would like to receive renewal notices in the future:

Opt for Paper Only Opt for Email Only

Select Action Type:

Pay for Permit
 Print my License/Renewal

[Continue](#)

You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

Next, click the Submit button to pay for a specific period



Hospitality Tax Payments

Please select the period that you want to pay from the list of period(s) shown below.

	Start Date	End Date	Due Date	
Cannabis	11/1/2024	11/30/2024	12/31/2024	<input type="button" value="Submit"/>

Next enter your gross receipts and then click "Calculate Amount due".

Then click Submit Payment

Account Number: 8001685
Due Date: 12/31/2024
Permit Type:

Cannabis

Name: TEST STEVE
Days past due: -20
Period:

11/01/24 - 11/30/24

Enter Gross Receipts	<input type="text" value="100,000.00"/>
Gross Receipts Fee Due	5000.00
	<input type="button" value="Calculate Amount Due"/>
Late Fee	0.00
Interest	0.00
Total due:	5000.00
	<input type="button" value="Submit Payment"/>

Choose payment type, enter in the Cardholders information, then click enter Card Info to complete the transaction.

Business License Payments

Amount Due: \$5,000.00

Select the method of payment

Payment Holder Name

Card Holder First Name

Card Holder Last Name

Address

City

State

Zip Code