



**APPLICATION FOR BUSINESS LICENSE  
FOR RESIDENTIAL RENTAL PROPERTY  
(Use one form for each property deed)**

**DEPARTMENT of COMMUNITY DEVELOPMENT**

**1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9530**

APN # \_\_\_\_\_

Acct # \_\_\_\_\_

1. \_\_\_\_\_  
Location of Units

2. \_\_\_\_\_  
Number of Units

3. \_\_\_\_\_  
Business Name of Units (if any)

4. \_\_\_\_\_  
Date Units Acquired

5. \_\_\_\_\_  
Mailing Address City/State Zip Code

6. \_\_\_\_\_  
Name of Owner of Property

7. \_\_\_\_\_  
Telephone Number

8. \_\_\_\_\_  
Residence Address City/State Zip Code

9. \_\_\_\_\_  
Corporation Name (If different from Business Name)

10. \_\_\_\_\_  
Federal Tax ID #

11. \_\_\_\_\_  
Social Security # of Owner

12. \_\_\_\_\_  
Driver's License # of Owner

**Ownership:**             **Sole Ownership**     **Partnership**             **Corporation**

Name and Address of Officers or Partners:

1. \_\_\_\_\_  
Title Home Address Telephone Number

2. \_\_\_\_\_  
Title Home Address Telephone Number

3. \_\_\_\_\_  
Title Home Address Telephone Number

Property Management Company (If Applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**TOTAL PAYMENT DUE:** \$ \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_

**PAYMENT BY:**     **Cash**                             **Check or Money Order**                             **Credit Card (see below)**

***PAY BY CREDIT CARD – EMAIL [CDDLICENSEandPermitCenter@cityofgardena.org](mailto:CDDLICENSEandPermitCenter@cityofgardena.org)***

When paying by credit/debit card the City of Gardena will assess a service fee that will be added to the transaction amount. The fee will appear as a separate charge on your receipt. Transactions \$200.00 and less will be assessed a flat service fee of \$2.75. Transactions \$200.01 and above will be assessed 2.4% of the total charges.

Select Card        

**Name on Card** \_\_\_\_\_ **Contact Phone #** \_\_\_\_\_

**Account #** \_\_\_\_\_ **Billing Address** \_\_\_\_\_  
**Expiration (MM/YYYY)** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount Due \$** \_\_\_\_\_

By signing above, you state that you understand that the total amount applied to your credit/debit card will include an additional service fee. Transactions \$200.00 and less will be assessed a flat service fee of \$2.75. Transactions \$200.01 and above will be assessed 2.4% of the total charges.