



APPLICATION FOR BUSINESS LICENSE

DEPARTMENT of COMMUNITY DEVELOPMENT

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

- New License
 Change of Address
 Ownership Change
 DBA Change
 Other

ACCOUNT NO: _____

Business Name (DBA)				Business Start Date	
Business Address	CITY	STATE	ZIP	Business Phone No.	
Mailing Address	CITY	STATE	ZIP	Email address	
Corporate Name				Corp. Phone No.	
Corporate Address	CITY	STATE	ZIP		
Business Activity			Number of employees	Do you have an Alarm System?	
Name of Owner/Officer			Social Security No.	Phone No.	
Residence Address					
Federal Tax ID No.		Driver's License No.		Seller's Permit #	
State Contractor's #		Contractor's Classification			
Ownership: <input type="checkbox"/> Qualified Joint Venture <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> LLC					
Name of Officer or Partner		Title		Home Address	Phone No.
1.					
2.					
Are you sharing this location with another business? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, name and address of business:				Business Square Footage	
In case of police or fire emergency, give two names and emergency contact numbers					
1.			Phone No.		
2.			Phone No.		

I declare under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete statement of facts.

Signature and Title		Date
Veteran Status: <input type="checkbox"/> Special Disabled Vet <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> Recently Separated Vet <input type="checkbox"/> Other Protected Vet		

For City Use Only				Assessor's Parcel No.	
Bus Type		Zoning		Planning <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
NAICS		Alarm		Remarks:	
License		Scanning			
Inspection		SB1186			
Fire Inspection		Total Rcvd		By:	Date:
Inspection Date		Record #		Building Inspector <input type="checkbox"/> Pass	
Inspection Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	C of O Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks:	
Scheduled By		Bus Occ		By:	Date:

PERMIT# 100