



CITY OF PALOS VERDES ESTATES
340 Palos Verdes Drive West, Palos Verdes Estates, CA 90274 - (310) 378-0383

BUSINESS LICENSE APPLICATION

- Please Check One
New Application
Change of Owner
Change of Address
Change of Business Name
HOME OCCUPATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF PALOS VERDES ESTATES (PRINT OR TYPE)

Business Name, Corporate Name, Business Location, Mailing Address, Phone No., Fax No., Description of Business, Ownership, Business License No., Category No., Bus. Start Date, Resale No., Federal ID No., State ID No., State Lic. No., State Lic. Type, Expire Date, Email Address

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name, Home Address, Home Phone No., Cell / Pager No., Title, Date of Birth, Driver Lic. No., Soc. Sec. No., 2nd Owner Name, Home Address, Home Phone No., Cell / Pager No., Title, Date of Birth, Driver Lic. No., Soc. Sec. No.

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name, Address, Phone No., Cell/Pager No.

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name, Address, License No., Phone No.

Table with 4 columns: Make/Year of Vehicle, License No., Make/Year of Vehicle, License No.

ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.

PLEASE COMPLETE THE FOLLOWING: Enter # of persons working at business address

NOTICE: 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.

Table for fees: Classification, No. of Tags Issued, Approved By, Date, Basic Fee, Employee Fee, Other Fee, Penalty Fee, State CASp Fee (\$ 1.00), Total Due, Credit Card, Cash, Check No.

HOME OCCUPATION ONLY: ALL CRITERIA OUTLINE IN ORDINANCE 093-567, SEC. 18.42.020 HAVE BEEN MET.
AFFIDAVIT: I hereby declare under penalty of perjury, that the information is true and correct.
Signature of Owner or Representative: Date:
Thank you for doing business in the City of Palos Verdes Estates