



CITY OF PALOS VERDES ESTATES

8839 N Cedar Ave #212, Fresno, CA 93720 - (310) 341-2571

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)

		OFFICIAL USE ONLY
Business Name _____		Business License No. _____
Corporate Name (if applicable) _____		Category No. _____
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Bus. Start Date _____
		Resale No. _____
Mailing Address _____		Federal ID No. _____
		State ID No. _____
Phone No. _____	Fax No. _____	State Lic. No. _____
		State Lic. Type _____
Description of Business _____		Expire Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		Email Address _____

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

1st Owner Name _____	Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small> _____		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small> _____		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	

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

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

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

Company Name _____	License No. _____
Address _____	Phone No. _____

Vehicle Identification Information			
Make/Year of Vehicle	License No.	Make/Year of Vehicle	License No.
_____	_____	_____	_____
_____	_____	_____	_____

<p>ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.</p> <p>PLEASE COMPLETE THE FOLLOWING:</p> <p>Enter # of persons working at business address <input style="width: 50px; height: 20px;" type="text"/></p> <p><small>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. 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.</small></p>	<p>FOR OFFICIAL USE ONLY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Classification</td> <td style="width: 40%;">Basic Fee</td> <td style="width: 40%; text-align: center;">_____</td> </tr> <tr> <td>No. of Tags Issued</td> <td>Employee Fee</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Approved By</td> <td>Other Fee</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Date</td> <td>Penalty Fee</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td>State CASp Fee</td> <td style="text-align: center;">\$ 1.00</td> </tr> <tr> <td></td> <td>Total Due</td> <td style="text-align: center;">_____</td> </tr> </table> <p><input type="checkbox"/> Credit Card _____</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____</p>	Classification	Basic Fee	_____	No. of Tags Issued	Employee Fee	_____	Approved By	Other Fee	_____	Date	Penalty Fee	_____		State CASp Fee	\$ 1.00		Total Due	_____
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Date	Penalty Fee	_____																	
	State CASp Fee	\$ 1.00																	
	Total Due	_____																	

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