



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 in Gardena	
Business Address		UNIT	CITY	STATE	ZIP	Business Phone No.
Mailing Address			CITY	STATE	ZIP	Email address
Corporate Name					Corp. Phone No.	
Corporate Address			CITY	STATE	ZIP	
Service Address if Different than Home Address* Address			CITY	STATE	ZIP	
Home Address			CITY	STATE	ZIP	
Business Activity			Number of employees		Do you have an Alarm System?	
Name of Owner/Officer			SSN/ CDL No./CA ID No./or Individual Taxpayer ID No		Cell Phone No.	
Federal Tax ID No.		Driver's License No.			Seller's Permit # (if applicable)	
State Contractor's # (if applicable)		Contractor's Classification (if applicable)				
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 or Service 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. I further certify that if the application is for a licensed contractor, the above-named Business/Applicant is licensed under the State of California and that such license is in full force and effect.						
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						
Payment By: <input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card (see next page)						

PERMIT# 100

*Service address may be different than Home Address which will then remain confidential. Service Address shall be the person's home address or an address where the person consents to receive service of process, including a P.O. Box or Private Mailbox that complies with Business & Professions Code sec. 17538.5. If the applicant is using a P.O. Box or Private Mailbox, the applicant must also file copies of the US Postal Service Form 1583 that was filed with the US Postal Service and the acknowledgment form authorizing the commercial mail receiving agency to act as the agent for service of process with the City.

Highlighted items are not subject to disclosure without a judicial warrant, subpoena, or court order – only applies to home address if service address is provided.

For City Use Only				Assessor's Parcel No.	
Bus Type		Zoning		Planning	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
NAICS		Permit Fee		Remarks:	
License		Scanning			
City Inspection		AB 1379		By:	Date:
Fire Inspection		Total Rcvd			
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: