APPLICATION FOR BUSINESS LICENSE

RESIDENTIAL RENTAL PROPERTY (One form for each property deed)

DEPARTMENT of COMMUNITY DEVELOPMENT

OPPORATED 1700 WEST 182HO	JIKEET / GARDEN	IVA, CALII OKIVIA	1 70247-37 32 / W	ww.cnror	GARDENA.ORG / PHONE (310) 217-933	
□ New License □ Change of Address A					APN NO:	
□ Ownership Change □ DBA		ther			COUNT NO:	
Address of Units					Number of Units	
Name of Units (If any)					Date Units Acquired	
Name of Property Owner					Cell Phone No.	
Mailing Address	Cl	TY	STATE	ZIP		
Home Address	CI	TY	STATE	ZIP		
Service Address if Different than Home Address		ITY	STATE	ZIP		
Federal Tax ID No.	SSN/ CDI Taxpayer		lo./or Individual	Driver	's License	
Email Address	1					
Ownership: □ Qualified Joint Ve	nture 🗆 Sole	Ownership	□ Partnership	□ Corpo	oration □ Trust □ LLC	
Name of Officer or Partner	Title	Home o	r Service Address	6*	Phone No.	
1.						
2.						
3.						
Property Management Company (if ap	plicable)					
Business Address	•	Contact Perso	n			
Phone Number Email Address						
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: □ Special Disabled Vet	□ Vietnam Vet □ F	Recently Separa	ated Vet 🗆 Other P	rotected V	et	

Payment By:

Cash

□ Check or Money Order □ Credit Card

shall be the person's home address or an acincluding a P.O. Box or Private Mailbox that applicant is using a P.O. Box or Private Mail	ne Address which will then remain confidential. Service Address ddress where the person consents to receive service of process, complies with Business & Professions Code sec. 17538.5. If the Ibox, the applicant must also file copies of the US Postal Service Service and the acknowledgment form authorizing the commercial r service of process with the City.
Highlighted items are not subject to disclosurapplies to home address if service address	re without a judicial warrant, subpoena, or court order – only is provided.
Total Payment Due	Approved By