



APPLICATION FOR BUSINESS LICENSE

NON-RESIDENTIAL RENTAL PROPERTY

(One form for each property deed)

DEPARTMENT of ADMINISTRATIVE SERVICES

1700 WEST 162nd STREET / GARDENA, CALIFORNIA 90247-3732 / WWW.CITYOFGARDENA.ORG / PHONE (310) 217-9516

☐ New License ☐ Change of Address

APN NO: _____

☐ Ownership Change ☐ DBA Change ☐ Other

ACCOUNT NO: _____

Address of Property			Gross Sq. Footage of Bldg.
Business Name of Property (If any)			Date Property Acquired
Name of Property Owner			Cell Phone No.
Mailing Address	CITY	STATE	ZIP
Home Address	CITY	STATE	ZIP
Service Address if Different than Home Address* Address	CITY	STATE	ZIP
Federal Tax ID No.	SSN/ CDL No./CA ID No./or Individual Taxpayer ID No	Driver's License No	
Email Address			
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.			
3.			
Property Management Company (if applicable)			
Business Address		Contact Person	
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: <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)	



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*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.

Total Payment Due _____

Approved By _____