



# APPLICATION FOR BUSINESS LICENSE STATE LICENSED CONTRACTOR – OUT OF CITY

**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)  |   |   | Email Address    |                               |
| Business Address   | CITY  | STATE   | ZIP              | Business Phone No.            |
| Mailing Address  | CITY  | STATE   | ZIP              |                               |
| Corporate Name   |   |   | Corp. Phone No.  |                               |
| Corporate Address  | CITY  | STATE   | ZIP              |                               |
| <b>Home Address</b>  | CITY  | STATE   | ZIP              |                               |
| Service Address if Different than Home Address*  |   |   |                  |                               |
| Address  | CITY  | STATE   | ZIP              |                               |
| Nature of Business   |   | State Contractor's #                                    |                  | Contractor's Classification * |
| Name of Applicant  |   | Circle Applicable Title<br>Agent                  Owner |                  | Cell Phone No.                |
| Federal Tax ID No.   | SSN/ CDL No./CA ID No./or Individual Taxpayer ID No |   | Driver's License |                               |
| <b>Ownership:</b> <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.   |   |   |                  |                               |

**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 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 |
| <b>Veteran Status:</b> <input type="checkbox"/> Special Disabled Vet <input type="checkbox"/> Vietnam Vet <input type="checkbox"/> Recently Separated Vet <input type="checkbox"/> Other Protected Vet |  |  |      |
| <b>Payment By:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check or Money Order <input type="checkbox"/> Credit Card  |  |  |      |

**\*The City of Gardena charges per State License Classification and requires a separate application and license for each classification that will be utilized within the City**



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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.

|                       |  |  |   |
|-----------------------|--|--|---|
| <b>Bus Type</b>       |  | <input type="checkbox"/> <b>Approved</b> | <input type="checkbox"/> <b>Disapproved</b> |
| <b>NAICS</b>          |  | <b>Remarks:</b>                          |   |
| <b>License Amount</b> |  |  |   |
| <b>AB 1379</b>        |  |  |   |
| <b>Total Received</b> |  |  |   |
|                       |  | <b>By:</b>                               | <b>Date:</b>                                |