



APPLICATION FOR BUSINESS LICENSE

DEPARTMENT of ADMINISTRATIVE SERVICES

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

- ☐ 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)		* SEE REVERSE FOR PAGE 2		
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.			

PLANNING DIVISION ZONING CLEARANCE (OFFICE USE ONLY)

☐ Approved ☐ Disapproved

Assessor's Parcel No:

Zoning: _____ Business Type: _____ NAICS: _____

Remarks:

By: _____ Date: _____

NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE

* Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program? ☐ Yes ☐ No

NPDES / WDID Permit # _____

SIC # _____

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: ☐ Special Disabled Vet ☐ Vietnam Vet ☐ Recently Separated Vet ☐ Other Protected Vet

Payment By: ☐ Cash ☐ Check or Money Order ☐ Credit Card

* 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.

FEE CALCULATION (OFFICE USE ONLY)

Permit Fee		License	
Zoning		Scanning	
City Inspection		Fire Inspection	
AB 1379		Total Rcvd	

BL ACCOUNT (OFFICE USE ONLY)

Existing BL#		Close Account?	<input type="checkbox"/> Yes
Linked BL#			

BUSINESS OCCUPANCY (OFFICE USE ONLY)

Inspection Date		Permit#	100 -
Inspection Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	C of O Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scheduled By		C of O Issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
Building Inspector <input type="checkbox"/> Pass			
Remarks:			
By:		Date:	