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: ☐ Qualified Joint Venture ☐ Sole Ownership ☐ Partnership ☐ Corporation ☐ Trust ☐ LLC

Name of Officer or Partner	Title	Home or Service Address*	Phone No.
1.			
2.			

Are you sharing this location with another business? ☐ No ☐ 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?**	□ Yes
Linked BL#			

BUSINESS OCCUPANCY (OFFICE USE ONLY)			
Inspection Date		**Permit#**	**100 -**
Inspection Time	□ AM □ PM	**C of O Required?**	□ Yes □ No
Scheduled By		**C of O Issued**	□ Yes □ No
Bus Occ			
Building Inspector		□ **Pass**	
Remarks: **By:**		**Date:**	