



La Mirada
Community Development Department
13700 La Mirada Boulevard
La Mirada, CA 90638
(562) 943-0131

F o r S t a f f U s e		
Date	_____	<input type="checkbox"/> Business License
By	_____	<input type="checkbox"/> Home Occupation Permit <input type="checkbox"/> Association Approval

ZONING CLEARANCE/PLAN CHECK APPLICATION
(Business License / Home Occupation Permit)

Fee of \$44 as of 10/1/2016.

GENERAL INFORMATION	BUSINESS ADDRESS		
	La Mirada, California, 90638		
	BUSINESS DESCRIPTION		

BUSINESS OWNER(S) (Please print)		BUSINESS PHONE	CELL PHONE
		HOME PHONE	EMAIL
MAILING ADDRESS	CITY	STATE	ZIP
PROPERTY OWNER(S) (Please print)		BUSINESS PHONE	CELL PHONE
		HOME PHONE	EMAIL
PROPERTY OWNER(S) ADDRESS	CITY	STATE	ZIP
DOES THE PROPERTY HAVE DEED RESTRICTIONS AFFECTING THE USE THEREOF, IF SO DESCRIBE:			

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested license/permit or revocation of any issued license/permit. I further certify that I am, or have permission by, the property owner to conduct the proposed business applied for herein.

 APPLICANT SIGNATURE

 DATE