



CITY OF LA MIRADA
 P.O. Box 828 • La Mirada, CA 90637-0828
 13700 La Mirada Boulevard • La Mirada, CA 90638
 (562) 943-0131

**HOME - BASED BUSINESS
 BUSINESS LICENSE APPLICATION AND OCCUPANCY PERMIT**

Please type or print, sign and return with payment.

Please Check One:

- New Application
- Change of Owner
- Change of Address
- Change of Business Name

<p>* Required fields</p> <p>* Business Name (DBA) _____ Corporate Name _____ (if applicable)</p> <p>* Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small></p> <p>* Mailing Address _____</p> <p>* City/State/Zip _____</p> <p>* Bus. Phone No. _____ Fax No. _____</p> <p>* Email Address _____ Website _____</p> <p>* Description of Business _____</p>	<p>Start Date in La Mirada _____ <small>(If Applicable)</small></p> <p>Resale No. _____ <small>(If Applicable)</small></p> <p>Federal ID No. _____</p> <p>State ID No. (EDD) _____</p> <p>Health Permit _____</p> <hr/> <p><small>(If Applicable)</small></p> <p>State Lic. No. _____</p> <p>State Lic. Type _____</p> <p>Expire Date _____</p>
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NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S) / PARTNER(S), MANAGING MEMBER(S), OR CORPORATE OFFICER(S):

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the bottom of this form

* Ownership: Sole Proprietor Partnership Limited Liability Corporation Other: _____

* Name _____ Title _____

* Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell No. _____ ITIN/Other ID No. _____

Name _____ Title _____

Home Address _____ Driver Lic. No. _____
(Cannot be P.O. Box)

Home Phone No. _____ Cell No. _____ ITIN/Other ID No. _____

EMERGENCY CONTACT:

Contact Name _____ Phone No. _____

Address _____ Cell No. _____

ALARM COMPANY INFORMATION - if applicable:

Company Name _____ Contact Name _____

Address _____ Phone No. _____

PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW
 (See Fee Schedule for tax amount on back side of this form)

Enter Gross Receipts, Commissions or Fees

(Estimate for new business)

\$ _____

Enter # of Employees (La Mirada):

Business License Tax	\$
Permit Fee	\$ 66.00
Zoning Fee <small>Effective 10/1/16.</small>	\$ 44.00
* State CASp Fee	\$ 4.00
TOTAL DUE	\$ _____

"I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct":

➔ Signature _____ Title _____

Print Name _____ Date _____

FOR OFFICE USE ONLY

Business License No. _____

SK Code _____ Bus Code _____

Receipt # _____ Date Received _____

Cash Check No. _____

Planning Inspector Approved Denied
Date: _____

Building Inspector Approved Denied
Date: _____

Fire Inspector Approved Denied
Date: _____

Health Inspector Approved Denied
Date: _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

* Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The division of the State Architect at: www.dgs.ca.gov/dsa. The Department of Rehabilitation at: www.dor.ca.gov. The California Commission on Disability Access at: www.cdda.ca.gov.