



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

*Please Check One:*

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

**BUSINESS LICENSE APPLICATION AND OCCUPANCY PERMIT**

Please type or print, sign and return with payment. All sections must be completed.

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

<b>Ownership:</b> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
Name _____	Title _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	Soc. Sec. No. _____
Name _____	Title _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	Soc. Sec. No. _____

**EMERGENCY CONTACT:**

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

**ALARM COMPANY INFORMATION - if applicable:**

Contact Name _____	Phone No. _____
Address _____	Cell No. _____

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

<b>Enter Gross Receipts, Commissions or Fees</b> <small>(Estimate for new business)</small>	<b>Business License Tax</b>	\$
\$	<b>Permit Fee</b>	\$ <b>96.00</b>
<b>Enter Number of Employees (La Mirada)</b>	<b>Zoning Fee</b> <small>Effective 10/1/16.</small>	\$ <b>44.00</b>
#	<b>* State CASp Fee</b>	\$ <b>1.00</b>
	<b>TOTAL DUE</b>	\$

**"I certify/declare under the 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. _____		
SIC Code _____	Bus. Code _____	
Receipt # _____	Date Received: _____	
<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____		
Health Inspector _____	<input type="checkbox"/> Approved	Denied <input type="checkbox"/>
	Date:	
Building Inspector _____	<input type="checkbox"/> Approved	Denied <input type="checkbox"/>
	Date:	
Planning Inspector _____	<input type="checkbox"/> Approved	Denied <input type="checkbox"/>
	Date:	
Fire Inspector _____	<input type="checkbox"/> Approved	Denied <input type="checkbox"/>
	Date:	

\* 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 State Architect at: [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) The Department of Rehabilitation at: [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) • The California Commission on Disability Access at: [www.cdda.ca.gov](http://www.cdda.ca.gov)

**PLEASE SEE REVERSE SIDE**



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**BUSINESS LICENSE TAX WORKSHEET**

**General Businesses (Retail, Wholesale, Professional, Services, Contractors):**

Bracket	\$1 - \$50,000	\$50,001 - \$500,000	\$500,001 - \$9,100,000	\$9,100,001 and above
Enter your gross receipts for the previous Year:	-			-
Subtract:	-	\$50,000	\$500,000	-
Multiply:	-	.0002	.0001	-
Add:	-	\$50	\$140	-
<b>Business License Tax Due*</b>	<b>\$50</b>			<b>\$1,000</b>

\*Minimum Business License Tax Due is \$50 and maximum is \$1,000.

**Manufacturers:**

Bracket	\$1 - \$500,000	\$500,001 - \$5,000,000	\$5,000,001 - \$40,000,000	\$40,000,001 and above
Enter your gross receipts for the previous Year:	-			-
Subtract:	-	\$500,000	\$5,000,000	-
Multiply:	-	.00005	.00002	-
Add:	-	\$75	\$300	-
<b>Business License Tax Due*</b>	<b>\$75</b>			<b>\$1,000</b>

\* Minimum Business License Tax Due is \$75 and maximum is \$1,000.

**Warehouses:**

Bracket	Below 100,000 sq.	100,000 sq. and above
Enter your square footage:		-
Multiply:	\$.01	-
<b>Business License Tax Due*</b>		<b>\$1,000</b>

\* Minimum Business License Tax Due is \$75 and maximum is \$1,000.

**Pick Up and Deliver Service (Located out of City):**

Bracket	\$1 - \$50,000	\$50,001 - \$4,800,000	\$4,800,001 and above
Enter your gross receipts for the previous Year:	-		-
Subtract:	-	\$50,000	-
Multiply:	-	.0002	-
Add:	-	\$50	-
<b>Business License Tax Due*</b>	<b>\$50</b>		<b>\$1,000</b>

\*Minimum Business License Tax Due is \$50 and maximum is \$1,000.

**Coin Operated Machines (Located in the City):**

Bracket	\$1 - \$10,000	\$10,001 and above
Enter your gross receipts for the previous Year:	-	
Subtract:	-	\$10,000
Multiply:	-	.01
Add:	-	\$50
<b>Business License Tax Due*</b>	<b>\$50</b>	

\*Minimum Business License Tax Due is \$50.



**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.

<b>GENERAL INFORMATION</b>	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