



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)

| | | | |
|---|------------------------------------|----------------|------------|
| 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