

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

# OUT-OF CITY CONTRACTOR BUSINESS LICENSE APPLICATION

Please Check One:				
☐ New License				
☐ Change of Owner				
☐ Change of Address				
☐ Change of Business Name	اد			

Name	Please type or print, sign	and return with payment. All secti	ons must	be completed		☐ Change of Business Name
Second Price   Sec	Business Name (DBA)			_ Start Da	te in La Mi	rada
Federal ID No.	Corporate Name			Resale N	lo	
Health Permit	(if applicable)			Federal	ID No	
Health Permit	(Cannot be P.O. Box per State of California Business	& Professional Code-Section 17538.5)		State ID	No. (EDD)	
Bus. Phone No.	Mailing Address			Health P	ermit	
Email Address				 State Lic	. No	
Website Description of Business  NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S) PARTNER(S) MANAGING OR CORPORATE OFFICER(S):  Ownership: Dsole Proprietor Partnership Limited Liability Corporation Other Title Prome Address Commondated Basel Proprietor Driver Lic. No.  Name Title Driver Lic. No.  Cell No. Soc. Sec. No.  Name Driver Lic. No.  Cell No. Soc. Sec. No.  Phome Phone No. Cell No. Soc. Sec. No.  RMERGENCY CONTACT:  Contact Name Phone No. Cell No.  Cell No.  PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW (See Fee Schedule for tax amount on back of this form)  Enter Gross Receipts, Commissions or Fees Estimate for new business)  Business License Tax Successions or Fees Signature  "I certify/declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct."  Title Date Received:  Dirtore No.  Coll No.  PLEASE COMPLETE THE FOILOWING STAND SIGN BELOW (See Fee Schedule for tax amount on back of this form)  Business License Tax Successions or Fees State of California that the foregoing is true and correct."  Total Due Successions or Fees Signature Title Date Received:	Bus. Phone No Fa	ax No.		State Lic	Туре	
Description of Business  NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S) PARTNER(S) MANAGING OR CORPORATE OFFICER(S):  Ownership:   Sole Proprietor   Partnership   Limited Liability   Corporation   Other   Name   Title	Email Address			<ul><li>Expire D</li></ul>	ate	
Description of Business  NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S) PARTNER(S) MANAGING OR CORPORATE OFFICER(S):  Ownership:   Sole Proprietor   Partnership   Limited Liability   Corporation   Other    Name   Title    Home Address   Driver Lic. No.    Camactic Roll Roll   Driver Lic. No.    Soc. Sec. No.    Name   Title    Home Address   Driver Lic. No.    Camactic Roll Roll   Driver Lic. No.    Camactic Roll Roll Roll Roll Roll Roll Roll Rol	Website			_ Job loca		
Ownership:	Description of Business			Copy of curr	ent contractors	s licerise (pocket card) is required.
Name	NAME(S) AND HOME ADDRESS(ES) OF ALL OWNER(S)	PARTNER(S) MANAGING OR C	ORPORA <sup>-</sup>	TE OFFICER(	5):	
Home Address Cannot the PO. Bool No. Cell No. Soc. Sec. No	Ownership:   Sole Proprietor   Partnership	☐ Limited Liability ☐ Corpor	ation	☐ Other		_
Cell No.   Soc. Sec. No.   Title	Name			Title		
Name	Home Address			_ Driver Li	ic. No	
Home Address   Driver Lic. No.	(	Cell No.		_ Soc. Sec	. No	
Cell No.   Soc. Sec. No.	Name			_ Title		
EMERGENCY CONTACT:  Contact Name	Home Address			_ Driver Li	ic. No	
Contact Name	Home Phone No	Cell No.		_ Soc. Sec	. No	
Address Cell No	EMERGENCY CONTACT:					
ALARM COMPANY INFORMATION - if applicable:  Contact Name	Contact Name			_ Phone N	o	
Contact Name				_ Cell No.		
Address Cell No.  PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW (See Fee Schedule for tax amount on back of this form)  Enter Gross Receipts, Commissions or Fees (Estimate for new business)  Business License Tax  Business License Tax  TOTAL DUE  TOTAL DUE  "I certify/declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct."  Title  Title  Cash				Dl N		
PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW (See Fee Schedule for tax amount on back of this form)  Enter Gross Receipts, Commissions or Fees (Estimate for new business)  Business License Tax  Business License Tax  SIC Code  Business License Tax  TOTAL DUE  TOTAL DUE  "I certify/declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct."  Title  Cash						
(See Fee Schedule for tax amount on back of this form)  Enter Gross Receipts, Commissions or Fees (Estimate for new business)  Business License Tax  SilC Code  Business License Tax  Finder Number of Employees (La Mirada)  # State CASp Fee  TOTAL DUE  # Receipt #  Date Received:  Date Received:  Check No.	Address			_ Cell No.		
Business License Tax   SIC Code						
Enter Number of Employees (La Mirada)  # State CASp Fee  # TOTAL DUE  Signature  Title  * State CASp Fee  \$ 4.00  * Receipt #  Date Received:  Cash	Enter Gross Receipts, Commissions or Fees (Estimate for new business)		ф		SIC Code	
# TOTAL DUE \$  # Cash    Check No.   Cask No	\$	Business License Tax	<b>&gt;</b>			
"I certify/declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct."    Date Receipt #   Date Received:   Date Received:   Check No.   Date Received:	Enter Number of Employees (La Mirada)	* State CASp Fee	\$	4.00	Bus. Code	
"I certify/declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct."    Date Receipt #	#	TOTAL DUE	\$			
California that the foregoing is true and correct."  Date Received:  Signature  Title  Check No.		10111202			Receipt	#
——————————————————————————————————————				Date Red	ceived:	
——————————————————————————————————————	<b>→</b>	_		_	_	
Print Name Date Check No	Signature	Title				
	Print Name	Date		_		Check No.

<sup>\*</sup> 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: <a href="https://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> The Department of Rehabilitation at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.ccda.ca.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at: <a href="www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> • The California Commission on Disability Access at the California Com



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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	-
Business License Tax Due*	\$50			\$1,000

<sup>\*</sup>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	-
Business License Tax	\$75			\$1,000
Due*				

<sup>\*</sup> 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	-
Business License Tax		\$1,000
Due*		

<sup>\*</sup> 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	-
Business License Tax Due*	\$50		\$1,000

<sup>\*</sup>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
Business License Tax Due*	\$50	

<sup>\*</sup>Minimum Business License Tax Due is \$50.

Updated: 12.5.12