



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 type or print, sign and return with payment.

Please Check One:

New Application

Change of Owner

Change of Address

Change of Business Name

* Required fields		Start Date in La Mirada (If Applicable) _____
* Business Name (DBA) _____		Resale No. (If Applicable) _____
Corporate Name (if applicable) _____		Federal ID No. _____
* Business Location _____ <i>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</i>		State ID No. (EDD) _____
		Health Permit _____
* Mailing Address _____		(If Applicable) State Lic. No. _____
* City/State/Zip _____		State Lic. Type _____
* Bus. Phone No. _____ Fax No. _____		Expire Date _____
* Email Address _____ Website _____		
* Description of Business _____		

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 _____ <i>(Cannot be P.O. Box)</i>	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	ITIN/Other ID No. _____
Name _____	Title _____
Home Address _____ <i>(Cannot be P.O. Box)</i>	Driver Lic. No. _____
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)

\$ _____	Business License Tax	\$ _____
Enter # of Employees (La Mirada): _____	* 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	
<input type="checkbox"/> Cash	<input type="checkbox"/> 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.