



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

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

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.	_____
	<small>(Cannot be P.O. Box)</small>	ITIN/Other ID No.	_____
Home Phone No.	_____	Cell No.	_____
Name	_____	Title	_____
Home Address	_____	Driver Lic. No.	_____
	<small>(Cannot be P.O. Box)</small>	ITIN/Other ID No.	_____
Home Phone No.	_____	Cell 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	\$
	Permit Fee	\$ 66.00
	Zoning Fee	\$ 44.00
	Effective 10/1/16.	
	* State CASp Fee	\$ 4.00
	TOTAL DUE	\$

Enter # of Employees (La Mirada):

#

"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	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date: _____
Building Inspector	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date: _____
Fire Inspector	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date: _____
Health Inspector	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Date: _____

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - 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.