



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	_____	State ID No. (EDD)	_____
	<i>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</i>	Health Permit	_____
* Mailing Address	_____	(If Applicable)	
* City/State/Zip	_____	State Lic. No.	_____
* Bus. Phone No.	_____	Fax No.	_____
* Email Address	_____	State Lic. Type	_____
* Description of Business	_____	Website	_____
		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.	_____
	<i>(Cannot be P.O. Box)</i>	ITIN/Other ID No.	_____
Home Phone No.	_____	Cell No.	_____
Name	_____	Title	_____
Home Address	_____	Driver Lic. No.	_____
	<i>(Cannot be P.O. Box)</i>	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	\$
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.