



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
Fee	\$44	Zone: _____

ZONING CLEARANCE
(Business License / Home Occupation Permit)

G E N E R A L I N F O R M A T I O N	BUSINESS ADDRESS			
	La Mirada, California, 90638			
	BUSINESS NAME			
	BUSINESS TYPE (RETAIL, OFFICE, MANUFACTURING, WAREHOUSE, RESTAURANT, MEDICAL, DENTAL, MASSAGE, OTHER – PLEASE SPECIFY)			
	BUSINESS DESCRIPTION			

BUSINESS OWNER(S) (Please print)		PHONE		
		EMAIL		
MAILING ADDRESS		CITY	STATE ZIP	
PROPERTY OWNER(S) / LANDLORD (Please print)		PHONE		
		EMAIL		
PROPERTY OWNER(S) / LANDLORD 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 and/or landlord to conduct the proposed business applied for herein.

 APPLICANT SIGNATURE

 DATE