



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

Please Check One:

New Application

Change of Owner

Change of Address

Change of Business Name

BUSINESS LICENSE APPLICATION AND OCCUPANCY PERMIT

Please type or print, sign and return with payment.

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

(Cannot be P.O. Box) ITIN/Other ID No. _____

Home Phone No. _____ Cell No. _____

Name _____ Title _____

Home Address _____ Driver Lic. No. _____

(Cannot be P.O. Box) ITIN/Other ID No. _____

Home Phone No. _____ Cell No. _____

EMERGENCY CONTACT:

Contact Name _____ Phone No. _____

Address _____ Cell No. _____

Please provide your company's Standard Industrial Classification (SIC) Code: _____ For help, visit <https://www.naics.com>.
Is your business SIC Code a regulated industry with stormwater discharge requirements from SB 205? If so, please provide your NPDES Permit # _____ Please visit https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum for more info.

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	\$	96.00
	Zoning Fee	\$	44.00
Enter # of Employees (La Mirada):	Effective 10/1/16		
#	* 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 _____

Cash 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 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.



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