



# CITY OF IRWINDALE

5050 N. Irwindale Ave. Irwindale, CA 91706

## BUSINESS LICENSE APPLICATION

NEW APPLICATION

*Please* CHANGE OF OWNER

*Check One* CHANGE OF ADDRESS

CHANGE OF BUSINESS

HOME OCCUPATION

**MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE LICENSE CAN BE ISSUED. PLEASE TYPE OR PRINT CLEARLY.**

Business Name \_\_\_\_\_  
(Include DBA)

Business Location \_\_\_\_\_  
(Not P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(f Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Contact Pref: (Circle) Paperless or Mail

**FOR CITY USE ONLY**

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

AMOUNT PAID \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_ O CASH O Check

RECEIPT NO. \_\_\_\_\_

BUSINESS TYPE \_\_\_\_\_

RATE TYPE \_\_\_\_\_

SIC CODE \_\_\_\_\_

Business Start Date: \_\_\_\_\_ Description of Business: \_\_\_\_\_

Building \_\_\_\_\_

Planning \_\_\_\_\_

Clerk \_\_\_\_\_

City Council \_\_\_\_\_

Comments \_\_\_\_\_

Ownership:  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietor  Trust  
 Non-Profit

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Seller's No. \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

Owners Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Social Security No. \_\_\_\_\_

I hereby Certify, under penalty of perjury, that the information contained in this application is true and complete to the best Of my knowledge. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

Signature of Owner or Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED APPLICATION TO ABOVE ADDRESS WITH A CHECK MADE PAYABLE TO THE CITY OF IRWINDALE