



CITY OF IRWINDALE

5050 N. Irwindale Ave. • Irwindale, CA 91706
 Phone (626) 430-2252 • Fax (626) 430-2295

BUSINESS LICENSE APPLICATION

Please Check One NEW APPLICATION
 CHANGE OF OWNER
 CHANGE OF ADDRESS
 CHANGE OF BUSINESS NAME
 HOME OCCUPATION

THIS APPLICATION 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 _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

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

• FOR CITY USE ONLY

BUSINESS LICENSE NO. _____

EXPIRATION DATE _____

AMOUNT PAID \$ _____

DATE PAID _____ CASH CHECK

RECEIPT NO. _____

BUSINESS TYPE _____

RATE TYPE _____

SIC CODE _____

Business Start Date: _____	Description of Business: _____
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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. _____

CITY APPROVALS SIGN & DATE

Building _____ / _____

Planning _____ / _____

City Clerk _____ / _____

City Council _____ / _____

Comments _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

Owner Name _____ **Title** _____ **Phone ()** _____

Home Address _____ **Cell Phone ()** _____

City _____ State _____ Zip _____

Driver's License No. _____ **Social Security No.** _____

EMERGENCY CONTACT: (Person with building access)

Name _____ Phone () _____ City living in _____

Name _____ Phone () _____ City living in _____

ALARM COMPANY: (If applicable)

Name _____ Contact _____ Phone () _____

Address _____ License No. _____

PROPERTY MANAGEMENT: (If renting business address, please complete this section)

Property Owner _____ Contact _____ Phone () _____

Address _____

Estimated Annual Gross Receipts \$ _____

No. of Units _____ No. of Employees _____ No. of Coin-Operated Machines _____

No. of Vehicles _____ Vehicle License No. _____
(Attach additional page if necessary)

UTILITY PROVIDER:

Name _____ Phone () _____

Address _____

Thank you for doing business in the City of Irwindale!

CALCULATE LICENSE FEE BELOW AND COMPLETE ADDITIONAL INFORMATION ON REVERSE SIDE ➔

License Fee \$ _____

Gross Receipt Fee \$ _____

*SB1186 State Fee (See Back) \$ 4.00

Other Fees \$ _____

Penalty Fee, if applicable \$ _____

TOTAL AMOUNT DUE \$ _____

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