



CITY OF PALOS VERDES ESTATES
340 Palos Verdes Drive West, Palos Verdes Estates, CA 90274 - (310) 378-0383

- Please Check One*
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - HOME OCCUPATION

BUSINESS LICENSE APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF PALOS VERDES ESTATES (PRINT OR TYPE)

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF PALOS VERDES ESTATES (PRINT OR TYPE)		OFFICIAL USE ONLY	
Business Name _____		Business License No. _____	
Corporate Name (if applicable) _____		Category No. _____	
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Bus. Start Date _____	
		Resale No. _____	
Mailing Address _____		Federal ID No. _____	
		State ID No. _____	
Phone No. _____ Fax No. _____		State Lic. No. _____	
Description of Business _____		State Lic. Type _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		Expire Date _____	
		Email Address _____	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Phone No. _____		Other ID No. _____
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Phone No. _____		Other ID No. _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____	License No. _____
Address _____	Phone No. _____

Vehicle Identification Information

Make/Year of Vehicle	License No.	Make/Year of Vehicle	License No.
_____	_____	_____	_____
_____	_____	_____	_____

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 back of this form.

<p>ACCEPTANCE OF PAYMENT DOES NOT CONSTITUTE APPROVAL OF BUSINESS LICENSE - AUTHORIZATION TO CONDUCT BUSINESS IS NOT GRANTED UNTIL ISSUANCE OF LICENSE.</p> <p>PLEASE COMPLETE THE FOLLOWING:</p> <p>Enter # of persons working at business address <input style="width: 50px; height: 20px;" type="text"/></p> <p><small>NOTICE: 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.</small></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #f2f2f2;">FOR OFFICIAL USE ONLY</th> </tr> </thead> <tbody> <tr> <td style="width: 60%;">Classification</td> <td style="width: 40%;">Basic Fee <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>No. of Tags Issued</td> <td>Employee Fee <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Approved By</td> <td>Other Fee <input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Date</td> <td>Penalty Fee <input style="width: 100%;" type="text"/></td> </tr> <tr> <td></td> <td>State CASp Fee \$ 4.00</td> </tr> <tr> <td></td> <td>Total Due <input style="width: 100%;" type="text"/></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Credit Card _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____</td> </tr> </tbody> </table>	FOR OFFICIAL USE ONLY		Classification	Basic Fee <input style="width: 100%;" type="text"/>	No. of Tags Issued	Employee Fee <input style="width: 100%;" type="text"/>	Approved By	Other Fee <input style="width: 100%;" type="text"/>	Date	Penalty Fee <input style="width: 100%;" type="text"/>		State CASp Fee \$ 4.00		Total Due <input style="width: 100%;" type="text"/>		<input type="checkbox"/> Credit Card _____		<input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____
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HOME OCCUPATION ONLY: ALL CRITERIA OUTLINE IN ORDINANCE 093-567, SEC. 18.42.020 HAVE BEEN MET.

AFFIDAVIT: I hereby declare under penalty of perjury, that the information is true and correct.

Signature of Owner or Representative: _____ Date: _____

Thank you for doing business in the City of Palos Verdes Estates

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