



CITY OF WHITTIER

13230 Penn Street, Whittier, California 90602-1772
(562) 567-9880

License No.: _____

BUSINESS LICENSE APPLICATION

WMC Sections: 5.04.010-190

Rep: _____

* Required Fields

APPLICANT MUST TAKE APPLICATION TO PLANNING DEPT. FOR APPROVAL IF BUSINESS IN CITY. Please answer all questions as completely as possible and sign. (Print or Type)	NEW APPLICATION <input type="checkbox"/> CHANGE OF INFORMATION <input type="checkbox"/>
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* Business Name/DBA _____ <small>(Please print)</small> Corporate Name _____ <small>(If applicable)</small> * Business Location _____ Mailing Address _____ <small>(If different from above)</small>	* Start Date _____ * Bus. Phone () _____ * Email _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">* Ownership</p> <p><input type="checkbox"/> Corporate <input type="checkbox"/> Ltd Liability Corp</p> <p><input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Trust</p> </div>
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* Description of Business (Describe in detail the activity of the proposed business)

Resale No. _____ <small>(If applicable)</small>	Federal I.D. No. _____ <small>(If applicable)</small>	Health Lic. No. _____ <small>(If applicable)</small>
State License No. _____ <small>(If applicable)</small>	Expiration Date _____	Classification _____
		General Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No

CONFIDENTIAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers

* Owner 1 _____ Title _____ * Phone () _____
(President if Corporation or LLC)

* Home Address _____ Cell Phone () _____
(P.O. Box and Business address is NOT valid)

* City _____ * State _____ * Zip _____ * Date of Birth _____

* Social Security No. _____ * Drivers License No. _____

Owner 2 _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____ Date of Birth _____

Social Security No. _____ Drivers License No. _____

Emergency Contact Name _____ Phone _____

I declare under penalty of perjury that this application has been examined by me and to the best of my knowledge and belief, is a true, correct and complete statement of facts. Subject to audit pursuant to W.M.C. Sec. 5.04.080 & Sec. 5.04.081.

* Signature _____

* Print Name _____

* Title _____ Date _____

Other Required Information

Will there be vending machines, amusement, or pool tables on the premises? Yes No How many? _____

Hazardous waste is defined as any waste, or combination of wastes which, because of its quantity, concentration, physical, chemical, or infectious characteristics, may exhibit toxicity, corrosivity, flammability, and/or radioactivity.

Are you a Hazardous Waste Generator? Yes No

No. of Employees <input style="width: 80%;" type="text"/>	No. of Professionals <input style="width: 80%;" type="text"/>	License Tax \$ <input style="width: 80%;" type="text"/>
No. of Rental Units <input style="width: 80%;" type="text"/>	No. of Vehicles <input style="width: 80%;" type="text"/>	Penalty \$ <input style="width: 80%;" type="text"/>
License Plate No. (s) <input style="width: 80%;" type="text"/>	Sq. Ft. <input style="width: 80%;" type="text"/>	Uptown Assessment \$ <input style="width: 80%;" type="text"/>
		Application Fee \$ <input style="width: 80%; text-align: center; value: 10.00;" type="text"/>
		* State Disability Fee \$ <input style="width: 80%; text-align: center; value: 1.00;" type="text"/>
PLEASE MAKE CHECK PAYABLE TO THE CITY OF WHITTIER		TOTAL AMOUNT DUE \$ <input style="width: 80%; border: 2px solid black;" type="text"/>

Pursuant to Section 405 c (2)C(i) of Title 42 of the United States Code, entrepreneurs are required to submit their Social Security number to the City of Whittier. Although disclosure of this information is mandatory in order for the City to properly administer the business license tax program, Social Security numbers are not public record and will not be disclosed to any members of the public.

* California Legislative SB-1186 C (7.5)(4467)(a)(4469) states that on and after 1/1/13, and until 12/31/18, any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license shall pay an additional fee of one dollar (\$1) for that license, instrument, or permit which shall be collected by the city, county, or city and county that issued the license, instrument or permit.

(4469) On and after January 1, 2013, each city, county, or city and county shall provide to an applicant for a business license or equivalent instrument or permit and to an applicant for the renewal of a business license or equivalent instrument or permit, the following information: "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/Home.aspx.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.cdda.ca.gov."

DEPARTMENT COMMENTS:

Date:

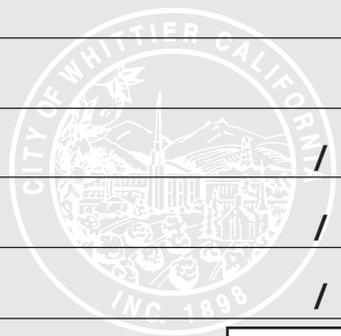
Planning _____ / _____

Building _____

Police/Code Enforcement _____ / _____

Business License: _____ / _____

- Permitted Use
- Not Permitted Use
- CUP Required



HOME OCCUPATION

I have received a copy of ordinance 2707 and accept the conditions therein.

Signature: _____

Date: _____

Please Note: Issuance of a business license does not imply or constitute any discretionary City approvals that may be associated with this business. The issuance of a business license is for City revenue purposes only.

Thank you for doing business in the City of Whittier