



CITY OF LA VERNE
 3660 D Street, ☐ La Verne, CA 91750
 Phone: (909) 596-8722 - ☐ Fax: (909) 596-8737
 www.ci.la-verne.ca.us ☐ email: bl@ci.la-verne.ca.us

Please Check One

New Application
 Change of Owner
 Change of Address
 Change of Business Name
 Contractor/Outside Service
 Home Occupation

BUSINESS LICENSE APPLICATION

Business Name/DBA _____

Business Location _____
(Cannot be a P.O. Box per State of California Business & Professions Code – Section 17538.5)

City/State/Zip _____ **Business Phone** (____) _____

Mail Address _____ **Contact Name** _____

City/State/Zip _____ **Contact Phone** (____) _____

Type of Ownership

Corporation

LLC

Partnership

Sole Proprietor

Brief Description of Business: _____

For La Verne Businesses Only: Property Owner - Management Information Name: _____

Address _____

Federal I.D. # _____ Resale # _____ State Lic. # _____ Class/Exp. _____

****Owner/Partner/Officer Information (Include Additional on Reverse)**

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

Drivers License: _____

Social Security #: _____ - _____ - _____

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Email: _____

Telephone: _____

Drivers License: _____

Social Security #: _____ - _____ - _____

****Owner/Partner/Officer Information must be completed. This information is confidential to the extent allowed by law. California Constitution Article 1, Section 1; Government code Section 6254 (i)**

Applicant hereby agrees to comply with all applicable state laws and county and city ordinances regulating the type of business for which applied herein. Applicant further agrees that any additional business, trade, calling, exhibition or a vocation engaged in, carried on or conducted by the applicant on said premises or in the City of La Verne shall require specific approval and/or separate application.

*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.

I certify that the above information is correct to the best of my knowledge. I understand that a business license is required to do business in La Verne under Chapter 5.08 of the La Verne Municipal Code. I understand that a business license is enacted solely to raise revenue for municipal purposes, and is not intended for regulation.

Print Name: _____ Title: _____

Signature of Owner/Officer: _____ Date: _____

Estimated Annual Gross Receipts	\$ _____
No. of Employees (Manufacturing Only)	_____
No. of Units (Commercial or Residential)	_____
License Tax	\$ _____
License Processing Fee	\$ 30.00
Zoning Verification (Certificate of Use/Home Occupation)	\$ _____
SB-1186 State Fee*	\$ 1.00
Total Amount Due	\$ _____

Fee Must Accompany Application – Non-Refundable