



Business Start Date \_\_\_\_\_

Application Date \_\_\_\_\_

CITY OF LA VERNE
3660 D Street, La Verne, CA 91750
Phone: (909) 596-8722 • Fax: (909) 596-8737
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BUSINESS LICENSE APPLICATION

Please Check One

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

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/ID #:
Social Security/ITIN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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: \_\_\_\_\_

Table with 2 columns: Fee/Category and Amount. Rows include Estimated Annual Gross Receipts, No. of Employees, No. of Units, License Tax, License Processing Fee, Zoning Verification, SB-1186 State Fee\*, and Total Amount Due.

Fee Must Accompany Application - Non-Refundable