



# CITY OF MAYWOOD

4319 East Slauson Avenue  
Maywood, CA 90270  
Tel: (323) 562-5700 • Fax: (323) 773-2806

## BUSINESS LICENSE APPLICATION

*Please Check One*

New Application

Change of Owner

Change of Address

Change of Business Name

Home Occupation

PLEASE TYPE OR PRINT LEGIBLY

Business Name/DBA \_\_\_\_\_

Corporate Name \_\_\_\_\_  
(if applicable)

Business Location \_\_\_\_\_  
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Public Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

- OFFICIAL USE ONLY -

Business License # \_\_\_\_\_

SIC # \_\_\_\_\_

Occupancy Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_

State Tobacco  
Retailer's License No. \_\_\_\_\_

Expire Date \_\_\_\_\_

(ATTACH COPY OF LICENSE)

Bus. Start Date	Description of Business

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Ownership  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust

Resale No. \_\_\_\_\_ Federal ID No. \_\_\_\_\_ State ID No. \_\_\_\_\_

Contractor State License No. \_\_\_\_\_ State Lic. Type \_\_\_\_\_ Expire Date \_\_\_\_\_

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

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_  
(Cannot be P.O. Box)

Home Phone No. \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_

Driver Lic. No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_  
(Cannot be P.O. Box)

Home Phone No. \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_

Driver Lic. No. \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

PLEASE FILL IN APPROPRIATE BOXES

No. of Employees

No. of Units

No. of Trucks  
(Operating in City)

Vehicle License No. \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_  
TAB #: \_\_\_\_\_

Vehicle License No. \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_  
TAB #: \_\_\_\_\_

Vehicle License No. \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_  
TAB #: \_\_\_\_\_

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

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_

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/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

License Fee \$

Unit Fee \$

Vehicle Fee \$

Other Fee \$

State CASp Fee \$ **4.00**

TOTAL AMOUNT DUE (Subject to Audit) \$

*Thank you for doing business in the City of Maywood*

PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct.

Signature of Owner: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF MAYWOOD