

CITY OF PALOS VERDES ESTATES

340 Palos Verdes Drive West, Palos Verdes Estates, CA 90274 - (310) 378-0383

BUSINESS LICENSE APPLICATION

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

Please Check One

- New Application
- Change of Owner
 Change of Address
 Change of Business Name
 HOME OCCUPATION

		OFFICIAL USE ONLY		
Business Name		Business License No.		
Corporate Name			Category No.	
(if applicable) Business Location			Bus. Start Date	
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)		Resale No.		
Mailing Address			Federal ID No.	
Mailing Address	Jling Address		State ID No.	
		State Lic. No.		
Phone No.	one No Fax No		State Lic. Type	
Description of Business		Expire Date		
Ownership Co	rporation	Sole Proprietor Trust	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 (Cannot be P.O. Box)			Driver Lic. No.	
(**************************************			Soc. Sec. No.	
Home Phone No.	Cell / Pager No.			
2nd Owner Name		Title	Date of Birth	
Home Address (Cannot be P.O. Box)			Driver Lic. No.	
,			Soc. Sec. No.	
Home Phone No Cell / Pager No In case of emergency, please contact (attach additional sheet, if necessary)				
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Contact Name			Phone No.	
Contact Name Address	inplicable (attach additional sheet, if necessary)		Phone No. Cell/Pager No.	
Contact Name Address	applicable (attach additional sheet, if necessary)			
Contact Name Address Alarm Company, if a	pplicable (attach additional sheet, if necessary)		Cell/Pager No.	
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