



16400 Colorado Avenue
Paramount, CA 90723-5050
(562) 220-2013

Bus. Lic. Account No.

Business/Profession/Trade License Application

New Application Change of Information (Change must be specified)

Business Information

Business Name/ DBA: Business Location:

Mailing Address:

Business Phone: After Hours Phone: Date Business Started At This Location:

No. of Employees: No. of Units: No. of Fleet Vehicles: Square Footage:

Business Description

Check one: Retail Wholesale Manufacturing Professional Contractor Restaurant Other

Describe the business operations in detail:

Ownership Information

Check one: Single Proprietorship Partnership Corporation

List name of woner, partner(s) and corporate officers:

Name: Name: Name:

Title: Title: Title:

Home Address: Home Address: Home Address:

Home Phone: Home Phone: Home Phone:

SS#: SS#: SS#:

DL#: DL#: DL#:

Date of Birth: Date of Birth: Date of Birth:

Other Required Information

State/County License Number: Effective Date:

Type of License: Contractor Alcoholic Beverage Other:

Resale License Number: SIC Code:

Federal Employer I.D. Number: State Employer I.D. Number:

Workers Compensation Coverage Policy #: Expiration Date:

Please read the following and sign below:

Completion of this application does not constitute a valid business license. I hereby verify that the above information is true and correct.

Signature: Date:

FOR CITY USE ONLY

Business: Tax Rate: Home Occupation Permit: Registration Statement: City Clerk/Council Permit:

License Period: License Fee: + Other = Total Paid