



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: _____

Business Phone: _____ Date Business Started At This Location: _____

No. of Employees: _____ No. of Units: _____ No. of Flat 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 owner, partner(s) and corporate officers:

Name: _____ Name: _____ Name: _____

Title: _____ Title: _____ Title: _____

Other Required Information

State/County License Number: _____ Expiration 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 _____

APPLICATION DATE: _____

BUSINESS LICENSE #: _____

OWNER VERIFICATION OF IDENTIFICATION:

(PERSONAL INFORMATION WILL BE USED FOR INTERNAL PURPOSES ONLY)

MAILING ADDRESS: _____

OWNER #1

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

AFTER HOURS/EMERGENCY PHONE: _____

DRIVER'S LICENSE: _____

SOCIAL SECURITY OR FED TAX ID: _____

OWNER #2

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____

AFTER HOURS/EMERGENCY PHONE: _____

DRIVER'S LICENSE: _____

SOCIAL SECURITY OR FED TAX ID: _____