



CITY OF LOMITA
 24300 NARBONNE AVE
 LOMITA CA 90717
 (310) 325-7110 – FAX (310) 325-4024

BUSINESS ID: _____
 RECEIPT No. _____
 CHECK NO. _____
 CREDIT CASH

BUSINESS LICENSE APPLICATION

ESTIMATED ANNUAL GROSS RECEIPTS \$ _____ LICENSE FEE \$ _____

NAME OF BUSINESS _____

TYPE OF BUSINESS _____

BUSINESS ADDRESS _____
 STREET CITY STATE ZIP

BUSINESS PHONE () _____ HOME PHONE () _____

OWNER'S NAME _____

MAILING ADDRESS _____
 (For License Certificate) STREET CITY STATE ZIP

DRIVERS LICENSE NO. _____ SOCIAL SECURITY NO. _____

OWNERSHIP: <input type="checkbox"/> CORPORATION	<input type="checkbox"/> Ltd. LIABILITY	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> SOLE PROPRIETOR
CONTRACTORS LIC NO. _____	RESALE NO. _____	FEDERAL ID _____	
NO OF EMPLOYEES: _____	NO. OF UNITS _____	START DATE: _____	

BUSINESS START DATE: _____

THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE LICENSE APPLIED FOR, I AGREE: TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; (i.e. COPY OF DRIVERS LICENSE, STATE INCOME TAX RETURN); TO CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISHED FOR SUCH BUSINESS

*****PLEASE BE ADVISED: ALL BUSINESS LICENSE APPLICATIONS ARE SUBJECT TO APPROVAL BY THE CITY*****
*****COMPLETION OF THIS APPLICATION DOES NOT CONSTITUTE A VALID BUSINESS LICENSE*****

APPLICANT'S SIGNATURE _____ DATE _____

	<u>SIGNATURE</u>	<u>REQUIREMENTS/RECOMMENDATIONS</u>	<u>DATE</u>
CITY MANAGER	_____	_____	_____
PLANNING	_____	_____	_____
BUILDING & SAFETY	_____	_____	_____
CODE ENFORCEMENT	_____	_____	_____
SHERIFFS INVESTIGATION UNIT	_____	_____	_____
HEALTH DEPT	_____	_____	_____
FIRE DEPT	_____	_____	_____