

CITY OF LOMITA
BUSINESS LICENSE DEPARTMENT
24300 Narbonne Avenue
P.O. Box 339
Lomita, CA 90717
(310)325-7110

Name_____

Address_____

City_____

Type of Business_____

The following information is required to determine your eligibility for a Home Occupation License. Please complete this form, sign it and return it to our office.

1. What phase of business or contracting do you intend to carry on in your home?

2. Do you intend to store trucks, equipment, or materials on the premises?

No. of Trucks_____

No. and type of equipment_____

Amount and type of materials_____

3. If you intend to have an office in your home, please describe the type of work to be done, the number of employees and the percentage of your home that will be used as an office.

Signature of applicant

Date