



Thank you for doing business in Azusa

CITY OF AZUSA

P. O. Box 1395
213 E. Foothill Blvd., Azusa, CA 91702-1395
Attn: Business License Division - (626) 812-5249

HOME OCCUPATION BUSINESS LICENSE APPLICATION

Please Type or Print in Block Letters

| OFFICE USE ONLY | |
|------------------|------------------------|
| ORDINANCE NO. | PLANNING APPROVAL/DATE |
| 18-691 | |
| SIC CODE | |
| BUS. LICENSE NO. | |
| EXPIRATION DATE | |

| | |
|--|---|
| Business Name _____ Corporate Name <small>(if applicable)</small> _____ Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> Mailing Address _____ Description of Business _____ State License No. _____ Resale No. _____ State Lic. Type _____ Federal ID No. _____ Expiration Date _____ State ID No. _____ | If your business activity in Azusa involves the use of vehicles, please list vehicle license numbers below: 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor Start Date _____ Phone No. _____ Fax No. _____ APN # _____ Email Address _____ |
|--|---|

Enter below names of Owners, Partners, or Corporate Officers.

| | |
|---|---|
| 1st Owner Name _____ Title _____ Address _____ <small>(Cannot be P.O. Box)</small> | Driver's Lic. # _____ Soc. Sec. # _____ Phone No. _____ Cell Phone # _____ |
| 2nd Owner Name _____ Title _____ Address _____ <small>(Cannot be P.O. Box)</small> | Driver's Lic. # _____ Soc. Sec. # _____ Phone No. _____ Cell Phone # _____ |

In case of emergency, please contact:

| | |
|---------------------------|------------------------|
| Contact Name _____ | Phone No. _____ |
| Address _____ | |

Alarm Service.

| | |
|---------------------------|------------------------|
| Contact Name _____ | Phone No. _____ |
| Address _____ | |

If you are renting the above business location in Azusa, please complete this section:

| | |
|----------------------------|------------------------|
| Landlord Name _____ | Phone No. _____ |
| Address _____ | |

| | | |
|---|---------------------------------------|---|
| NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115. | No. of Employees <input type="text"/> | Application Fee \$ 100.00 |
| | | State CASp Fee \$ 4.00 |
| | | Amount of Tax \$ 50.00 |
| | | Total Due \$ 154.00 |

I declare, under penalty of perjury that the statements and information contained in this application is true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operating of such business. Furthermore, I agree to notify the City of Azusa Business License Division within TEN (10) days of any change in the facts stated herein (change of ownership, address, operation, etc.) or any other facts required by this application.

Signature of Owner or Representative: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF AZUSA.