

BUSINESS LICENSE APPLICATION



18125 Bloomfield Avenue • P.O. Box 3130
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PLEASE TYPE OR PRINT CLEARLY • ALL INFORMATION REQUESTED BELOW IS REQUIRED:				
Business Name			Business Phone ()	
DBA / Fictitious Name			Business Fax ()	
Business Address	Ste./Apt.	City	State	Zip
Mailing Address	Ste./Apt.	City	State	Zip
E-Mail Address				
Describe Your Business Operations: _____ _____				
State Contractor No. & Classification	Resale No.	Federal I.D. No.	State I.D. No.	Social Security No.
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Corp.-Ltd. Liability <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership				
Type of Business: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Home Occupation <input type="checkbox"/> Other				
Date Business Opened: _____ Annual Receipts: \$ _____				
Business Hours: _____ Unit Count (Video Games, Vending Machines, etc.): _____ No. of Employees: F/T _____ P/T _____				
Property Information: <input type="checkbox"/> Leased <input type="checkbox"/> Owned Square Footage: _____ Number of Parking Spaces: _____ Assessor No: _____				
NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS:				
Name of Business Owner/Officer		Title	Phone ()	
Home Address	Ste./Apt.	City	State	Zip
Name of Second Business Owner/Representative		Title	Phone ()	
Home Address	Ste./Apt.	City	State	Zip
ADDITIONAL CONTACT INFORMATION:				
Emergency / After Hours Contact			Emergency / After Hours Telephone No. ()	
Name of Property Owner / Landlord (If Leased)			Property Owner's Signature	
Address	Ste./Apt.	City	State	Zip
AUTHORIZED SIGNATURE:				
I DECLARE, UNDER PENALTY OF PERJURY, THE ABOVE STATEMENTS TO BE TRUE AND CORRECT.				
Applicant Name (Please Print): _____		Title: _____	Date: _____	
Applicant Signature: _____		Driver's License No: _____	Phone: _____	
• OFFICE USE ONLY •				
NOTES: _____ _____			BUSINESS LICENSE NO. _____	
Zoning: _____			BUSINESS CODE _____	
Precise Plan: _____			RATE CODE _____	
DEPARTMENT APPROVALS:			FEE _____	
Community Development _____		Date _____	DATE PAID _____	
Finance Division _____		Date _____	RECEIPT NO. _____	
			SIC CODE _____	
			CENTER NO. _____	