

CITY OF GARDENA

INSTRUCTIONS FOR COMPLETING A BUSINESS LICENSE APPLICATION

The following information will help you to fill out the business license application correctly:

- ❑ Is this a **new license**? Mark the “new license” field.
If you already have an **existing license** and you plan to change the location or the business name and/or business activity, then do not mark “new license” but the other appropriate fields at the top of the application form. In this case you also need to bring with you your current City of Gardena business license tax certificate (green form).
- ❑ How is this business owned? Check the correct **type of ownership**.
- ❑ **Line #1:** If you choose a **business name** that is different from your given name, you need to file the doing business as name (dba) also called fictitious name with the Los Angeles County Clerk/Registrar Recorder at 12400 Imperial Hwy, 2nd Floor, Norwalk, CA 90650. Contact the County Clerk’s office at (562) 462-2177 or go on line at <http://lavote.net/clerk/naming.htm> or contact your local newspaper office.
- ❑ **Line #2:** What is the exact **business address**? Please include unit or suite numbers if they are part of the address. If you are subleasing from an existing business, you need to have a letter of approval of the property management.
- ❑ **Line #3:** If you do not have your **business phone number** yet, then provide a cell phone or home phone number, but indicate that it is not your permanent phone number. You will need to provide the Business License Office with a permanent telephone number for the business as soon as you have it.
- ❑ **Business Start Date:** This is important because inspection appointments and possibly the amount of license fee you will be charge can be affected by the business start date.
- ❑ **Line #4:** If you prefer to receive your mail at an address other than the address of your business location, provide this information here.
- ❑ **Line #5:** If you are a corporation and your corporate name is different from your business name provide this information here. Leave it blank if this section does not apply.
- ❑ **Line #6:** *This* is for your corporate address if different from line #2 and line #4 **only**.
- ❑ **Line #7:** Give a detailed description of your planned business activity. For example: identify if the business will be a retail sales or wholesale sales operation and list specific type(s) of merchandise to be sold; or if the business will perform a service identify the specific service(s) to be provided; or if it is a manufacturing business identify the type of material and type of product(s) to be manufactured. Generic descriptions and terms like import/export or consultant are not acceptable.

- ❑ If you prepare and/or sell any type of **food** products, contact the Los Angeles County Health Department, Environmental Health Division at (310) 419-5358 for your health permit.

If you plan to sell any type of **alcoholic beverages**, contact the Alcoholic Beverage Control at (562) 982-1337.

- ❑ **Lines #8, 9, 10, 12** require the name of the owner or partner or officer of the corporation and the personal information about this person.
- ❑ **Line #11** is for the Federal Tax Identification Number, which is required if you: 1) have employees, 2) are incorporated, or 3) have a registered partnership. For information call (800) 829-1040 or visit www.irs.gov.
- ❑ **Line #13** is the Resale Number (Seller's Permit Number), which is required by the State Board of Equalization for the collection of sales/use tax if you plan to sell merchandise. Call (310) 516-4300 or visit www.boe.ca.gov
- ❑ **Line #14** should state the total number of persons working at your location if you are an existing business, or if you are a new business the total number of persons you anticipate working at your location.
- ❑ **Line #15** only applies if you are a state licensed contractor like building, plumbing etc.; leave it blank if it does not apply to you.
- ❑ If you plan to **share** the exact business **location**/premises with another business (sublease) then answer YES. If you plan to occupy a separate unit in a complex, then the answer would be NO.
- ❑ The amount of **square footage** applies only to the space inside, do not include parking areas, this square footage information is sometimes on your lease or ask your landlord.
- ❑ In case of a partnership or corporation, the **names of the other partners or corporate officers** not listed on line #8, need to be entered here.
- ❑ The **emergency contacts** are very important and should be someone who would know how to contact you if you were not available at the phone numbers on lines #3 and #9, cell phones numbers are acceptable.
- ❑ The application must be **signed** by the person listed on line #8; no exceptions.

CITY OF GARDENA

APPLICATION FOR BUSINESS LICENSE

1700 W. 162ND ST.
GARDENA, CA 90247-3732
(310) 217-9518

(check one) APPLICATION FOR : New License Change of Address
 Ownership Change DBA Change

(check one) TYPE OF OWNERSHIP SOLE PROPRIETOR PARTNERSHIP CORPORATION

1. BUSINESS NAME (DBA)					
2. BUSINESS ADDRESS		CITY	STATE	ZIP	3. BUSINESS PHONE
4. MAILING ADDRESS (if different from business address)		CITY	STATE	ZIP	BUS. START DATE
5. CORPORATE NAME (if different from above)		CITY	STATE	ZIP	CORP. PHONE
6. CORPORATE ADDRESS (if different from above)		CITY	STATE	ZIP	
7. NATURE OF BUSINESS					
8. NAME OF OWNER / OFFICER (must be an owner, partner or corporate officer)			SOCIAL SECURITY #		9. HOME PHONE
10. RESIDENCE ADDRESS		CITY	STATE	ZIP	
11. FEDERAL TAX I.D. #	12. DRIVERS LICENSE #	13. STATE RESALE #	14. NO. PERSONS WORKING AT LOCATION	15. STATE CONTRACTORS # / CLASSIFICATION	

ARE YOU SHARING THIS LOCATION WITH ANOTHER BUSINESS? YES NO

NAME AND ADDRESS OF OFFICERS OR PARTNERS: SQ FT. _____

NAME	TITLE	HOME ADDRESS	PHONE
1.			
2.			
3.			

Give two names and home telephone numbers in case of police or fire emergency:

1. _____ PHONE # _____

2. _____ PHONE # _____

I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

SIGNATURE TITLE DATE

<p>BUS. TYPE</p> <p>SIC CODE _____ EDP NO. # _____</p> <p>Lic. Fee _____</p> <p>Inspection Fees _____</p> <p>Fire Inspection _____</p> <p>Zoning _____</p> <p>Micro Film _____</p> <p>Total Received _____</p>	<p>FOR CITY USE ONLY</p> <p>REMARKS</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p> <p>By: _____ Date: _____</p>
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BUSINESS LICENSE SUPPLEMENTAL QUESTIONNAIRE

This form must be submitted with the Business License application to assist in the zoning determination of your proposed business. The Community Development Department reviews all business license applications to ensure that the proposed use is consistent with the established zoning regulations and policies of Gardena. Please check with us prior to signing a lease or committing your business to a certain location to determine if your use is permitted in that zone, and what additional permits or documentation may be required prior to the issuance of a business license

Business Name (DBA) _____ Phone # _____

Business Address _____ Suite # _____

Business Owner's Name _____ Phone # _____

1. Check one of the following categories that applies to your business?

- Retail sales Service Food/liquor market Restaurant Business office Medical/dental office
 Auto body/repair Auto sales Hotel/motel Church Group care facility Day care facility
 Manufacturing/R & D Warehouse Self storage Wholesale Vocational school
 Beauty salon Health club/day spa Massage establishment Adult-oriented business Other _____

2. Will tobacco products and/or tobacco paraphernalia be sold? Yes No

3. Will alcohol be served or sold? Yes No

4. Will massage services be offered? Yes No

5. Will entertainment be provided? Yes No

6. Days/Hours of operation of your business? _____ # of employees? _____

7. Square footage leased? _____ # on-site parking spaces? _____ Truck loading spaces? _____

8. What was the previous business of this space? _____ 9. When did it close? _____

(Please contact the leasing agent/property owner/property manager to determine prior tenant's use and date vacated)

10. Are there other businesses currently operating at this location besides your business? _____

11. Any other information you wish to provide about your business? _____

BURDEN OF PROOF

I have read the foregoing and understand that **I HAVE THE BURDEN OF PROOF** in the matter arising under the application made by me. I further understand and agree that the application may not be approved until such time that all materials required for the application have been submitted in proper and accurate form with the Community Development Department.

I further attest that the foregoing information is true and accurate to the best of my knowledge

Signature _____ Date _____