



Business License Application
 City of Signal Hill
 2175 Cherry Avenue, Signal Hill 90755
 (562) 989-7316 FAX (562) 989-7393

Business Name: _____ Commercial/Residential/Industrial

Address: _____ Unit # _____ City _____ State _____ Zip _____

Billing Address: _____ City _____ State _____ Zip _____

Business Telephone: () _____

Type of ownership: Sole Partnership Corporation LLC Ltd Partnership Trust

Name: _____ Home Address: _____

City _____ State _____ Zip _____ California Driver's License# _____

Social Security # _____ Home Phone # () _____ Alt/Cell Phone # () _____

Name: _____ Home Address: _____

City _____ State _____ Zip _____ California Driver's License# _____

Social Security # _____ Home Phone # () _____ Alt/Cell Phone # () _____

Fax: () _____ E-mail: _____ Web Site: _____

We are required by state law to collect the following information: (Revenue & Taxation Code Section 19286.8)

Please describe, in detail, the activities of this business _____

Resale #: _____ Federal ID: _____ State ID: _____

of Employees: _____ # of Partners: _____

Emergency Contact: _____ **After Hours Phone #** () _____

I declare, under penalty of perjury, that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations.

Applicant Signature _____ **Date** _____

Legal Use: _____

Planning: Approved / Denied _____ Date: _____

Conditions: _____

Building: Approved / Denied _____ Date _____

Conditions: _____

LA County Fire Department Approved / Denied _____ Date: _____

Conditions: _____

BUSINESS LICENSE FEES:

Base Fee	\$ _____	NAIC _____
Processing Fee	\$ _____	SIC _____
Planning/Zoning Review Fee	\$ _____	BUSINESS TYPE _____
# Employees: (minus 2) ____X 2.00	\$ _____	Cash Check # _____
# Partners: (minus 1) ____X 20.00	\$ _____	Receipt # _____
Vehicles: _____X _____	\$ _____	
Total Business License Fee:	\$ _____	