

## **CITY OF SIGNAL HILL**

2175 CHERRY AVENUE SIGNAL HILL, CA 90755

Phone: (562) 989-7316 Fax: (562) 989-7393

## **OUT OF CITY BUSINESS LICENSE TAX APPLICATION**

Notice: All applicants should check with the Planning Dept. to ensure correct zoning for their use prior to commencing any business. This application has been filled out by the applicant without verification that the licensee is subject to or exempt from licensing by the State of California.

APPLICANT'S INFORMATION			
Business Name			
Business Street Address			
			State Zip
Mailing Address (if different)			
Business Phone	Business Fax ( )		
Owner's/Officer's			
License No.			
Description of Business (be speci	fic)	+	
State License No.		License Type	Exp. Date
FEE SCHEDULE			
Business Type	Annual	Semi-Annual	
General Contractor	\$153	\$103	
	SUB TOTAL DUE: \$		+ Plus <u>\$4.00</u> State SB-1186
I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL REQUIRED LICENSES ARE FULL FORCE AND EFFECT.			
Date	Signature of Owner or Representative		
OFFICIAL USE ONLY			
Reviewed By		Receipt No	
Business License No	Expiration Date		
Thank you for doing business in the City Signal Hill			