CITY OF VERNON

4305 SANTA FE AVENUE, VERNON, CALIFORNIA 90058
ATTN: Bus. License Coordinator (323) 583-8811

BUSINESS LICENSE APPLICATION

- Please Check One -

NEW APPLICATION ☐
CHANGE OF OWNER ☐
CHANGE OF LOCATION ☐

Business Name
Doing Business As
Business Location (Cannot be P.O.Box)
Mailing Address
Bus. Phone | Bus. Fax
Start Date | Business Type
Business Activity

Ownership: ☐ Corporation ☐ Corp-Ltd Liability ☐ Partnership ☐ Sole Proprietor ☐ Limited Partnership ☐ Trust

- OFFICIAL USE ONLY -

BUS.LIC.NO.
EXPIRE DATE
RATE CODE
SIC CODE
AMOUNT DUE $

CONTACT THE FOLLOWING DEPARTMENTS FOR APPROVAL:

Building
Finance
Fire
Health
Police

Said business was incorporated in the State of | Date:

No. of Employees | Building Sq. Ft. | Previous Gross Receipts $ | Current Gross Receipts $

(The above statement is made in compliance with Section 17 of the License Code)

State Lic. No. | Lic. Type | Expiration Date
Resale No. | FEIN NO. | SEIN NO.

Enter below names of Owners, Partners, or Corporate Officers

Business Owner/Officer's Name | Title | Phone
Home Address | Cell Phone
Social Security No. | Drivers License No.

Business Owner/Officer's Name | Title | Phone
Home Address | Cell Phone
Social Security No. | Drivers License No.

Property Owner's Information

Name | Title | Phone
Home Address | Cell Phone

Vehicle Information

Vehicle License Plate No. | Make/Year

PLEASE SEE THE BUSINESS LICENSE FEE SUMMARY SHEET TO CALCULATE YOUR CURRENT BUSINESS LICENSE FEE.

Prorata Privilege as follows:

IF YOU START:	YOU PAY: *(See Section 26 of the License Ordinance for Fee Schedule)*
1-1 through 3-31	Full Amount of Annual License Fee
4-1 through 6-30	3/4 of Annual Lincense Fee
7-1 through 9-30	1/2 of Annual Lincense Fee
10-1 through 12-31	1/4 of Annual Lincense Fee

I declare, under penalty of making a false return, that I am authorized to make the within statements, and that to the best of my knowledge and belief it is true, correct and complete return for the year stated, pursuant to the provisions of Chapter 15 of the Vernon Code. *Note: Items listed above must be completed or no business license shall be issued per government code AB3230. Chapter 1490, STATS. 1984.*

Title | Date

Signature of Owner or Representative:

Print Form | Submit by Email

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF VERNON

White-City Clerk | Green-Fire | Canary-Health | Pink-Police | Gold-Building