

BUSINESS LICENSE APPLICATION

NOT A LICENSE

City of Norwalk

12700 Norwalk Blvd., Room 5

Norwalk, CA 90650

Phone # (562) 929-5713 • FAX # (562) 929-5056



NAME OF BUSINESS _____ Business Phone () _____

BUSINESS ADDRESS _____

Address _____ City _____ Zip _____

MAILING ADDRESS _____

Address _____ City _____ Zip _____

OWNER NAME _____ Home Phone () _____

First _____ Middle _____ Last _____

HOME ADDRESS _____

Address _____ City _____ Zip _____

EMAIL ADDRESS _____

TYPE OF BUSINESS (Please Give Full Description) _____

OPENING DATE AT THIS CITY _____ RESALE NUMBER _____

Federal Employer ID Number/Social Security Number _____

Owner Driver License No. _____ State Contractor's License No. _____ Class _____

Please Check One: Corporation LLC/LLP Partnership Sole Ownership

Partnership (List Names) – Corporation/LLC/LLP (List Officers and Titles)

Name _____ Address _____ City _____ Zip _____ Title _____

BASIS OF TAX RATE

() Contractor: Job Location _____ Date Job Completed _____

() Gross Receipts () Vending () Public Utilities () Real Property Management: _____ Units

() Handyman () Services & Trades () Professions () Route, Number of Vehicles Used in City ____

() Christmas Tree () Special Events () Filming () Other _____

In addition to the business license fee, a \$90.00 processing fee will be required if the business is operating from a commercial area in the City of Norwalk, and a \$17.25 processing fee for out of City businesses. Plus a State Mandated fee of \$4.00 per ADA AB 1379 (Please see reverse side for additional information).

Submitting an application and paying for a license does not entitle the applicant to begin business operations.

Only your possession of a valid business license or permit entitles you to begin business.

A business license will be issued only if upon investigation the applicant is in compliance with all City of Norwalk Ordinance.

All business licenses and permits are subject to revocation for failure to maintain compliance with all statutes and City ordinances.

I certify that the foregoing is, to the best of my knowledge and belief, true and correct.

Signature _____

Title _____

Date _____

PLANNING APPROVED BY: _____	DISAPPROVED BY: _____	DATED: _____
HOP# _____	APN# _____	REASONS: _____

FOR OFFICE USE ONLY

RECEIPT NUMBER _____

LICENSE NO. _____

LICENSE TAX _____

RECEIPT DATE _____

NEW _____ RENEWAL _____

ADJUSTMENT _____

RECEIVED BY: _____

EXPIRATION DATE _____

PENALTY _____

TYPE OF PAYMENT: CASH CHECK MONEY ORDER CREDIT CARD

INTEREST _____

INSPECTION _____

TOTAL \$ _____

Additional Information Regarding AB 1379:

Under Federal and State law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of State Architect at www.dgs.ca.gov/dsa/home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.cdda.ca.gov.