



CITY OF PLACENTIA

401 E. Chapman Avenue
Placentia, CA 92870
Phone: (714) 993-8230 Fax: (714) 961-0283

BUSINESS LICENSE TAX APPLICATION

Please Check One

- New Application
- Change of Owner
- Change of Address
- Change of Business Name

FEE MUST ACCOMPANY APPLICATION - NON REFUNDABLE		- OFFICIAL USE ONLY -	
Business Name/DBA _____		Business License No. _____	
Corporate Name _____ (if applicable)		Expiration Date _____	
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>		Business Code _____	
City _____ State _____ Zip _____	Planning _____ Use Permit _____	Building & Zoning _____	
Mailing Address _____	Home Occupation _____	Website _____	
City _____ State _____ Zip _____	Public Phone No. _____ Fax No. _____	Email Address _____	
Bus. Start Date _____	Description of Business _____		
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust			
Resale No. _____	Federal ID No. _____	State ID No. _____	
State License No. _____	State Lic. Type _____	Expire Date _____	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back or bottom of this form.

1st Owner Name _____ Title _____ Home Address _____ ZIP _____ <small>(Cannot be P.O. Box)</small> Home Phone No. _____ Cell No. _____	Driver License No. _____ <small>(Only Sole Proprietor or Partnership)</small> SSN/ITIN _____ <small>(Only Sole Proprietor or Partnership)</small> Other ID No. _____
2nd Owner Name _____ Title _____ Home Address _____ ZIP _____ <small>(Cannot be P.O. Box)</small> Home Phone No. _____ Cell No. _____	Driver License No. _____ <small>(Only Sole Proprietor or Partnership)</small> SSN/ITIN _____ <small>(Only Sole Proprietor or Partnership)</small> Other ID No. _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____

Address _____ **ZIP** _____

Phone No. _____ **Cell No.** _____

PLEASE READ, SIGN AND DATE

Your Business License will be issued under provisions of Title 6 of the Municipal Code. You are cautioned that this License does not permit operating a business in violation of other Municipal Code Sections. There will be no tax refund if you are found operating illegally after the License has been issued. Please verify with the Planning Department that your business is in compliance with all Building/Zoning requirements.

I declare under penalty of making a false declaration, that I am authorized to make this statement and to the best of my knowledge and belief it is a true, correct and complete statement, made in good faith for the period stated.

Signature of Owner: _____

Print Name: _____

Title: _____ Date: _____

Thank you for doing business in the City of Placentia

License Fee	\$ _____
Home Occupation or Business Permit Fee	\$ _____
Other Fee	\$ _____
*State CASp Fee	\$ 4.00
TOTAL AMOUNT DUE (Subject to Audit)	\$ _____

*NOTICE: 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 the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.ccda.ca.gov.

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF PLACENTIA

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

White - Business License

Canary - Finance

Pink - Applicant