



CITY OF LOMA LINDA
25541 Barton Road
Loma Linda, CA 92354
(909) 799-2846
NEW BUSINESS LICENSE APPLICATION

New Business License No. _____ **Start Date:** _____
 Business Name _____
 Business Location _____
(Cannot be PO Box per State of California Business & Professions Code Section 17538.5)
 Business Phone: _____ Business Fax: _____
 Email Address: _____ Website: _____
 Mailing Address: _____
 City: _____ State _____ Zip _____

TYPE OF BUSINESS: (Check One Only)

- | | | |
|--|--|---|
| <input type="checkbox"/> RETAIL | <input type="checkbox"/> WHOLESALE | <input type="checkbox"/> GENERAL CONTRACTOR |
| <input type="checkbox"/> SUB CONTRACTOR | <input type="checkbox"/> OWNER/BUILDER/DEVELOPER | <input type="checkbox"/> PROFESSIONAL |
| <input type="checkbox"/> SEMI-PROFESSIONAL | <input type="checkbox"/> MANUFACTURING | <input type="checkbox"/> PROPERTY RENTAL |
| <input type="checkbox"/> WAREHOUSE ONLY | <input type="checkbox"/> HANDBILL DISTRIBUTION | <input type="checkbox"/> FLAT RATES, MISC. |
| <input type="checkbox"/> NON PROFIT ORGANIZATION | <input type="checkbox"/> ADMINISTRATIVE HEADQUARTERS | |
| <input type="checkbox"/> ENTERTAINMENT/AMUSEMENT | <input type="checkbox"/> DELIVERY VEHICLE | <input type="checkbox"/> OTHER _____ |

DESCRIPTION OF BUSINESS: _____

State Lic. No. _____ Exp. Date _____ Tax Id. No. _____
 State Employee No. _____ State BOE No. _____ No. Employees _____

Exempt	Home Occupation	2018 Estimate Gross Receipts
Yes ___ No ___	Yes ___ No ___	\$ _____
		*State Mandated Fee (See Attached Page)
		\$4.00 _____

OWNERSHIP: (Please check below)

- Corporation Ltd Liability Corp Sole Proprietor General Partnership Ltd Liability Partnership

Partners/Corporate Officers _____ **Title** _____

Owner Name: _____ **Title** _____ **Home Phone:** _____
Home Address _____ **Soc. Security No.** _____
City _____ **State** _____ **Zip** _____

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signed By _____ **Date** _____

Print Name: _____ **Title:** _____

Drivers License _____ **Expiration Date:** _____

License will not be issued if required information is incomplete

FOR OFFICE USE ONLY

<u>CLASSIFICATION</u>			
A	B	C	D

LAND USE# _____
HOME OCC# _____

9201 _____

9228 _____

9301 __\$4.00_____

9205 __\$55.00_____

Total

Penalty

9804 _____

TOTAL

***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:

- o The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx .
- o The Department of Rehabilitation at www.rehab.cahwnet.gov .
- o The California Commission on Disability Access at www.cdda.ca.gov .