



CITY OF BELLFLOWER

16600 Civic Center Drive, Bellflower, CA 90706 • (562) 804-1424 Attn: Bus. License

www.bellflower.org
www.bellflowerbusiness.com

BUSINESS LICENSE APPLICATION (BMC Chapter 5)

Business Name _____		BUSINESS LICENSE NO. _____	
Job Location (Contractors) _____		RATE TYPE _____	
Business Address _____			
City _____ State _____ Zip _____			
Mailing Address _____			
City _____ State _____ Zip _____			
Business Phone _____ Business Fax _____			
Description of Business _____		Start Date _____	
Type of Entity:	Corporation Partnership	Sole Proprietorship Trust	Check also if LLC
State License No. _____	Resale/ Sellers Permit No. _____		
License Type _____	Federal Emp. I. D. No. _____		
Expiration Date _____	State Corp./ Emp. I. D. No. _____		

BUSINESS INFORMATION - Enter below names of Owner(s), Partners, or Corporate Officers

Owner/ Officer 1 _____	Title _____	Phone _____
Home Address _____	City _____ State _____ Zip _____	Cell Phone _____
Driver License No. _____	Social Security No. _____	E-Mail _____

PROPERTY INFORMATION - If leased, enter below name of Property Owner or Property Management Company

Property Owner _____	Title _____	Phone _____
Address _____	City _____ State _____ Zip _____	Cell Phone _____

<p>I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and that I understand the above notice contained in this application.</p> <p>Signature _____</p> <p>Title _____ Date _____</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> <input type="checkbox"/>
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* OFFICIAL USE ONLY *		
DATE PAID: _____	RECEIPT: _____	BY: _____
CASH	CHECK NO: _____	CREDIT CARD AUTH: _____

Note: A non-refundable processing fee is charged for all business license applications.