

**CITY OF BELL**  
**BUSINESS LICENSE APPLICATION**  
 6330 Pine Avenue, Bell, CA 90201 (323) 588-6211

THIS APPLICATION IS FOR:  NEW BUSINESS  RENEWAL  CHANGE OF OWNERSHIP  CHANGE OF ADDRESS  CHANGE OF NAME  
 CHANGE OF OPERATION  CLOSE BUSINESS

BUSINESS NUMBER: \_\_\_\_\_

BUSINESS NAME (DBA) \_\_\_\_\_  
 MAILING ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_  
 BUSINESS PHONE # \_\_\_\_\_  
 NO. OF EMPLOYEES \_\_\_\_\_  
 FEDERAL TAX ID # \_\_\_\_\_  
 SA STATE TAX ID # \_\_\_\_\_  
 SOCIAL SECURITY # \_\_\_\_\_  
 SA SELLER PMT. # \_\_\_\_\_  
 HEALTH PERMIT # \_\_\_\_\_  
 IAICS CODE \_\_\_\_\_  
 SA DRIVER LIC. /ID # \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
 BUSINESS OPENING DATE \_\_\_\_\_

FEE: \$	INITIALS:
CR DATE:	CR #
<b>FOR OFFICIAL USE ONLY</b>	
ZONING	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____
SIGNATURE	_____
CODE COMPLIANCE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____
SIGNATURE	_____
BUILDING INSPECTION	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____
SIGNATURE	_____
FIRE DEPT.	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____
SIGNATURE	_____

TAX BASIS:  Flat Tax  Gross Receipts \$ \_\_\_\_\_ License Period (If not Annual) \_\_\_\_\_

**BUSINESS PROFILE**

ENTITY TYPE:  Sole Proprietor  Partnership  Corporation  Home Occupancy

PRINCIPAL OWNER OR PRESIDENT OF CORPORATION \_\_\_\_\_ PHONE # \_\_\_\_\_

PARTNER OR VICE PRESIDENT OF CORPORATION \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS OF PRINCIPAL OWNER OF CORPORATION \_\_\_\_\_

PROPERTY OWNER OF LOCATION \_\_\_\_\_ PROP. OWNER'S PHONE # \_\_\_\_\_

SQUARE FEET OF BUSINESS LOCATION \_\_\_\_\_ MONTHLY RENT OF BUSINESS LOCATION \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ EMERGENCY PHONE # \_\_\_\_\_

TYPE OF BUSINESS:  Retail  Wholesale  Manufacture  Warehouse   
 Gardener  Vehicle  Coin-Operated Mach.  Other

Describe in Detail the Type of Business and Operation: \_\_\_\_\_

**BUSINESS MUST IMMEDIATELY NOTIFY THE BUSINESS LICENSE DEPARTMENT OF ANY CHANGES AFFECTING THE CURRENT BUSINESS PROFILE. UNAUTHORIZED CHANGES MAY RESULT IN REVOCATION OR SUSPENSION OF THE BUSINESS LICENSE/OPERATIONS.**

I declare under penalty of perjury that I have carefully read this application and supplied information that is true and correct. I, furthermore, agree that the business is responsible for the payment of future license fees associated with its licensing.

Signature of Principal Owner or President \_\_\_\_\_ Date \_\_\_\_\_

Signature of Partner or Vice President \_\_\_\_\_ Date \_\_\_\_\_