



Finance and Administrative Services

11710 Telegraph Rd.
Santa Fe Springs, CA 90670

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BUSINESS LICENSE APPLICATION-Business Operation Tax Certificate

Office Use Only:
Business License #: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Received By: \_\_\_\_\_

This application is a public record pursuant to the California Public Records Act. In the event that the City receives a request for inspection or copying of this record, the City will comply, except that the City will not provide Social Security numbers and/or confidential financial records.

BUSINESS NAME/DBA \_\_\_\_\_
(Please Print)

CORPORATE NAME \_\_\_\_\_
(If Applicable)

BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_
(If different from business address)

BUSINESS PHONE \_\_\_\_\_ ON-SITE CONTACT \_\_\_\_\_

ADDITIONAL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

BUSINESS DESCRIPTION (Describe in detail the activity of the proposed business)
Business Start Date at Address Listed Above: \_\_\_\_\_

BUSINESS OWNER \_\_\_\_\_ TITLE \_\_\_\_\_
(President Name if a Corporation/LLC)

BUSINESS OWNER \_\_\_\_\_ TITLE \_\_\_\_\_
(2ND if applicable)

RESIDENCE ADDRESS \_\_\_\_\_
(P.O. Box/Business Address is not valid-only one owner's information is needed)

OWNERSHIP TYPE [ ] Corporation [ ] LLC [ ] Partnership [ ] Sole Proprietor/Driver's License # \_\_\_\_\_
(Check One)

FEDERAL TAX ID# \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SALES TAX # \_\_\_\_\_ STANDARD INDUSTRIAL CLASSIFICATION (SIC) # \_\_\_\_\_
(Sales Tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular Business by contacting the State Board of Equalization)
(North American Industry Classification System (NAICS) # also acceptable Based on the activity of your business) https://www.osha.gov/pls/imis/sicsearch.html

TRASH HAULER\* [ ] Consolidated Disposal Service [ ] CR & R [ ] Serv-Wel Disposal Company \*Businesses may only contract with one of the following authorized Solid Waste Contractors

The above information is true and correct to the best of my knowledge and belief.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Before issuance of a Business License, approval must be obtained from the Department of Planning and Development to verify if the proposed use is permitted by the City Zoning Ordinance.

Office Use Only:
Planning and Development Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

Zone: \_\_\_\_\_ Code Section: \_\_\_\_\_ Notes: \_\_\_\_\_