



City of Del Rey Oaks  
650 Canyon Del Rey Rd, Del Rey Oaks CA 93940 (831) 394-8511

**APPLICATION FOR LICENSE TO DO BUSINESS**  
NEW RENEWAL

THIS BUSINESS LICENSE IS FOR REVENUE PURPOSES ONLY. IT MUST BE RENEWED ANNUALLY AND THE CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE. LICENSES ARE NOT TRANSFERABLE DUE TO ANY CHANGES IN OWNERSHIP. \*A \$25 APPLICATION FEE WILL BE ADDED TO EVERY BUSINESS LICENSE EFFECTIVE JULY 1, 2011 PER RESOLUTION 2011-13.

Business name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Business location: \_\_\_\_\_

Business mailing address (if different): \_\_\_\_\_

Is Application for a Sole Proprietorship Partnership Corporation

Applicant's Name and Title: \_\_\_\_\_ Phone number: \_\_\_\_\_

Applicant's address (if different from any above): \_\_\_\_\_

Description of Business Activity: \_\_\_\_\_ Start Date in Del Rey Oaks: \_\_\_\_\_

CA Contractor's License #: \_\_\_\_\_ Type of state license: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Resale Permit #: \_\_\_\_\_ Federal ID or State ID #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance and a copy thereof is furnished to the City of Del Rey Oaks (Expires \_\_\_\_\_), or

I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws of California.

Note: If after signing the certificate, you hire ANY employee, you become subject to the Workers' Compensation provisions of the California Labor Code, and you must immediately comply with the provisions of section 3700 or your license immediately becomes revoked.

Is this a change of ownership? Yes No Previous Owner's Name: \_\_\_\_\_

Is this a name change in Business or Corporation? Yes No Previous Name: \_\_\_\_\_

Is this an address change: Yes No Previous Address: \_\_\_\_\_

**AFFIDAVIT**, I certify under penalties of perjury that the contents hereof are true and correct:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

Estimate of Gross Annual Receipts in Del Rey Oaks: \$ \_\_\_\_\_ \$ \_\_\_\_\_ + \$25 = \$ \_\_\_\_\_  
Calculated Fee Application Fee Total Enclosed

FOR OFFICE USE ONLY

Signature of Issuing Agent: \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ + \*\$25.00 = Amount paid: \$ \_\_\_\_\_  
Application Fee

Date License Issued: \_\_\_\_\_ License Expires: \_\_\_\_\_