

City of Del Rey Oaks 650 Canyon Del Rey Rd, Del Rey Oaks CA 93940 (831) 394-8511 APPLICATION FOR LICENSE TO DO BUSINESS

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.

Business name:	name: Phon			ne number:	
Business location:					
Business mailing address (if diffe	rent):				
Is Application for a	Sole Proprietorship	Partnership	Corporation		
Applicant's Name and Title:		Phone number:			
Applicant's address (if different f	rom any above):				
Description of Business Activity:		Start Da	Start Date in Del Rey Oaks:		
CA Contractor's License #:	Type of state I	icense:	Expiration date:		
Resale Permit #:	Federal ID or State ID #	t: Soci	al Security #:	-	
and a copy thereof is fur I certify that in the perfo	nished to the City of Del Rey C	baks (Expires	of Workers' Compensation Insura), or t employ any person in any manne		
		-	Workers' Compensation provision ion 3700 or your license immedia		
Is this a change of ownership?	Previous Owner's N	Previous Owner's Name:		_	
Is this a name change in Business or Corporation?	Previous Name:			_	
Is this an address change:	Previous Address: _			-	
AFFIDAVIT, I certify under penalt	ies of perjury that the contents	s hereof are true and corre	ect:		
Signature:	Date:	Email Address:			
Estimate of Gross Annual Receipt	s in Del Rey Oaks: \$	\$	_ + \$30 = \$ Fees		
	FOR OFFIC	CE USE ONLY			
Signature of Issuing Agent:	Amount o	due: \$+ *\$30.0	0 = Amount paid: \$		
Date License Issued:	`) License Expires:	·····ıı	.0 . —	_	