



CITY OF LOS ALAMITOS

CHANGE OF ADDRESS FORM (B/L)

Business Support Center
8839 N Cedar Ave #212, Fresno, CA 93720
Phone: (888) 602-0239 Fax: (909) 348-0565
Email: Support@LosAlamitosBusinessTax.com

FOR OFFICE USE ONLY Business Act. #: _____ Received: _____ Fee: \$44.09 (LAMC 05.04.190) DATE: _____ <input type="checkbox"/> UPDATED DATABASE
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Please Note: You can only use a PO Box for your mailing address. You cannot use a PO Box for your business location or business address (per the State of California, Business & Professional Code-Section 17538.5).

BUSINESS INFORMATION

Business Name: _____ Account #: _____
Business Address: _____
Business Phone: _____
Reason for Change: _____

CURRENT ADDRESS INFORMATION

Current Business Address: _____
Current Mailing Address: _____
Current Owner's Address: _____

NEW ADDRESS INFORMATION

New Business Address: _____
New Mailing Address: _____
New Owner's Address: _____

SIGNATURE OF OWNER

CERTIFICATION: I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I understand a business license is issued pursuant to the provisions of Los Alamitos Municipal Code Chapter 5.04, and that I am required to abide by all provisions set forth in said code. A business license constitutes a receipt for the license tax paid and shall have no other legal effect. I understand a business license is a requirement, not a permit to conduct, manage or carry on any business activity in the city.

A business license certificate can be issued with your new address upon receipt of a duplicate license fee. _____ (Initials)
Yes No Please provide a new certificate with the new owner's name. (Additional \$8.00 Fee)

I understand that in addition to this form, I am required to complete the attached Zoning Permit / Certificate Application Form for my business. _____ (Initials)

New Owner(s) Signature: _____ Date: _____

New Owner(s) Signature: _____ Date: _____



CITY OF LOS ALAMITOS ZONING PERMIT/CERTIFICATE APPLICATION

Community Development Department
3191 Katella Ave., Los Alamitos, CA 90720-5600
Phone: (562) 431-3538 Fax: (562) 493-0678

**TO BE COMPLETED
PRIOR TO
BUSINESS LICENSE
APPLICATION**

*In accordance with LAMC 17.58.010, a zoning permit is used by the staff to verify that a proposed structure or land use activity complies with the list of allowed activities allowed in the applicable zoning district, the development standards applicable to each type of use, and any conditions of approval of permits previously issued for the subject site. **APPROVAL DOES NOT ESTABLISH A BUSINESS LICENSE.***

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Email: _____

BUSINESS INFORMATION

Business Name: _____

DBA (if applicable): _____

Business Address: _____ Lease area (sq. ft.): _____

Previous Business at this location: _____

Hours of Operation: Mon.-Thurs.: _____ Friday: _____ Saturday: _____ Sunday: _____

Describe products/services provided in detail: _____

You can view the Los Alamitos Municipal Code by visiting City Hall or online at www.cityoflosalamitos.org

- Yes No Is the proposed business listed in the Table 2.04 of the Los Alamitos Municipal Code Section 17.10?
- Yes No Does your business require a State and/or County License? If yes, what type?: _____
- Yes No Has the property owner authorized this business?
- Yes No Do you intend to increase or reduce the square feet? *If yes, will require a building permit.*
- Yes No Do you intend to modify the floor plan? *If yes, will require a building permit.*
- Yes No Do you plan to install a new sign? *If yes, will require a sign permit.*
- Yes No Does the business have on-site parking? How many spaces are assigned to you? _____
- Yes No Will you sell alcoholic beverages? If yes, list ABC license type: _____
- Yes No Do you plan to sell second-hand, consignment, and/or pawn items? *If yes, will require a Second-Hand Dealer's/Pawnbrokers permit and a Conditional Use Permit.*
- Yes No Does the business involve the sale or use of marijuana?
- Yes No Does the business involve body adornment, tattoo, massage, acupressure, or any related fields? *(Circle One)*
- Yes No Will there be live entertainment or music? If yes, please describe: _____
- Yes No Is the proposed business a restaurant? If yes, how many seats? _____
- Yes No Will the business include a drive-thru?
- Yes No Is the proposed business a school? If yes, how many students? _____
- Yes No Is this a home based business?

CERTIFICATION OF APPLICANT: Under penalties of perjury, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested license or revocation of issued license.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

PD NOTIFIED OF ALCOHOL Yes N/A DATE RECEIVED: _____

NON-CONFORMING USE Yes No DENIED APPROVED BUSINESS LICENSE #: _____

COMMENTS: _____

Planner's Signature: _____ Date: _____