



CITY OF LOS ALAMITOS

Business Support Center

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To Apply Online Please Visit:

www.LosAlamitosBusinessTax.com

BUSINESS LICENSE TAX APPLICATION - HOME BASED BUSINESS

Notice: All applicants should check with the Planning Dept. to ensure correct zoning for their use prior to commencing any business. This application has been filled out by the applicant without verification that the licensee is subject to or exempt from licensing by the State of California.

Reason for Application: New Business Change of Ownership Change of Location

Business Name _____

Business Location _____

(Cannot be P.O. Box for non-exempt businesses per State of California, Business and Professions Code-Section 17538.5)

Mailing Address _____

Business Phone (____) _____ Business Fax (____) _____

Emergency Contact _____ Phone (____) _____

Ownership: Corporation Corp-Ltd Liability Sole Proprietor Partnership Trust Non-Profit

Owner's Name _____ Title _____

Resident Address _____ City, State, Zip _____

Social Security No. _____ Driver's License No. _____ State _____

List of Principle Officers' or Partners' Names and Addresses:

_____ Title _____

_____ Title _____

Description of Business (be specific) _____

Home Occupation Business Start Date in Los Alamitos _____

State License No. _____ License Type _____ Exp. Date _____

SB-1186 Information

On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

- The Division of the State and Architect at www.dgs.ca.gov/dsa/Home.aspx
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov

Professional / Employee Counts

Please complete information requested below:

No. Of Full Time: Professional _____ Non-Professional _____

No. Of Part Time: Professional _____ Non-Professional _____

(Part Time is for those employees that work 20 hours or less per week)

This license period applies to Fiscal Tax Period: From _____ To _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL REQUIRED LICENSES ARE FULL FORCE AND EFFECT.

_____ Date

_____ Signature of Owner or Representative

Describe mechanical and/or electrical equipment that will be necessary to the conduct of the activity.

Describe what small amount of material, supplies and/or equipment related to your proposed Home Occupation will be used.

CERTIFICATION OF APPLICANT: I have read and understood Chapter 17.42 of the Los Alamitos Municipal Code regarding criteria for issuance of a Home Occupation Permit and believe to the best of my knowledge that my proposed Home Occupation would not violate any portion of said Chapter.

Applicant's Signature: _____ **Date:** _____

Property Owner's Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Date Reviewed: _____

Remarks: _____
