



# CITY OF YORBA LINDA

Finance Department • 4845 Casa Loma Ave. • P.O. Box 87014  
Yorba Linda, CA 92885-8714 • Phone: (714) 961-7145 • Fax: (714) 985-9407

• OFFICIAL USE ONLY •

## BUSINESS LICENSE APPLICATION

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

PLEASE TYPE OR PRINT CLEARLY: HOME OCCUPATION BUSINESSES, SEE REVERSE SIDE ➔

License Reviewed & Approved By:

Business Name / DBA \_\_\_\_\_

Planning Dept. \_\_\_\_\_

Business Location \_\_\_\_\_  
(Not P. O. Box)

Date: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Comments: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

Cashier Validation: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Start Date: \_\_\_\_\_ Description of Business: \_\_\_\_\_

Ownership:  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietorship  Trust

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

Resale No. \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

Enter below names of Owners, Partners, or Corporate Officers - Attach additional pages if necessary

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of Emergency, please contact:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Alarm Company (If applicable):

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN

No. of Employees

No. of Professionals

Delivery & Professional Services \$

No. of Units

No. of Vehicles

State Licensed Contractor \$

NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

Wholesale & Manufacturing \$

Retail Sales \$

All business license applications are subject to approval by the City. Please read the following and sign:

Home Occupation Permit Fee \$

Completion of this application does not constitute a valid business license.

I hereby certify that the above information is true, correct and that my business is permitted under both Federal and State law.

Other \$

Owner Signature: \_\_\_\_\_

Penalty, if applicable \$

Print Name: \_\_\_\_\_

TOTAL AMOUNT DUE \$

Date: \_\_\_\_\_ Title: \_\_\_\_\_

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF YORBA LINDA  
YOUR BUSINESS LICENSE WILL BE MAILED TO YOU