



CITY OF BELLFLOWER

16600 Civic Center Drive, Bellflower, CA 90706 • (562) 804-1424 Attn: Bus. License

www.bellflower.org
www.bellflowerbusiness.com

BUSINESS LICENSE APPLICATION (BMC Chapter 5)

Please Check One: New Business/ Change of Owner Existing Business/ License Update

Business Location Type: Commercial Residential (Rentals) Home

Business Name _____

Job Location (Contractors) _____

Business Address _____
City _____ State _____ Zip _____

Mailing Address _____
City _____ State _____ Zip _____

Business Phone _____ **Business Fax** _____

Description of Business _____ **Start Date** _____

Type of Entity: Corporation Sole Proprietorship
 Partnership Trust Check also if LLC

State License No. _____ **Resale/ Sellers Permit No.** _____

License Type _____ **Federal Emp. I. D. No.** _____

Expiration Date _____ **State Corp./ Emp. I. D. No.** _____

** All Independent Contractors are required to obtain a business license and are required to fill in their state license information. **

*** OFFICE USE ONLY ***

BUSINESS LICENSE NO. _____

RATE TYPE _____

Check all Clearances required for approval

Code Enforcement - Date: _____

State License Verification

Fire

Sheriff

CUP - No. (if applicable): _____

ABC - No. (if applicable): _____

Health - Permit No. (if applicable): _____

APN: _____

Zone: _____ **Area:** _____

Zoning Clearance Date: _____

Approved by: _____

Denied by: _____

BUSINESS INFORMATION - Enter below names of Owner(s), Partners, or Corporate Officers

Owner/ Officer 1 _____ **Title** _____ **Phone** _____

Home Address _____ **Cell Phone** _____

City _____ **State** _____ **Zip** _____

Driver License No. _____ **Social Security No.** _____ **E-Mail** _____

Owner/ Officer 2 _____ **Title** _____ **Phone** _____

Home Address _____ **Cell Phone** _____

City _____ **State** _____ **Zip** _____

Driver License No. _____ **Social Security No.** _____ **E-Mail** _____

PROPERTY INFORMATION - If leased, enter below name of Property Owner or Property Management Company

Property Owner _____ **Title** _____ **Phone** _____

Address _____ **Cell Phone** _____

City _____ **State** _____ **Zip** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW, READ AND SIGN

(1) General Calculation of EMPLOYEE* Fees are determined by the type of business operating.

(A) State licensed individuals are classified as Professional/ Semi-Professional and therefore a Professional/ Semi-Professional Fee applies.

(B) Certain State licensed individuals, such as Contractors, Stylists and Manicurists, are licensed under a separate fee schedule.

(C) Employees not requiring a specialized license are classified as regular Employees and therefore a Regular Employee Fee applies.

* Employee Fee includes owner, partner and all other persons employed or working at said business (BMC 5-1.1).

(2) Calculation of UNIT Fees are determined by the number of residential rental units available.

(3) Calculation of VEHICLE fees are determined by the number of vehicles utilized in a business dependent on mobile transportation.

(4) Calculation of ESTIMATED GROSS RECEIPTS applies to Coin-Operated Machines ranging from Gum Ball machines to Washers and Dryers.

NOTICE: Your Business Tax Certificate is required under the provisions of the Bellflower Municipal Code as amended. You are cautioned that payment of this tax does not permit operation of a business in violation of other Municipal Code Sections. Your Business location may be checked by Building, Fire, Planning, and when necessary by Health Department Officials. If you have any doubt that your business location and/ or building conforms with the requirements of the Municipal Code, you are urged to contact the officials of those departments for further information BEFORE filing your application.

	Enter No.		Basic Fee \$
(1A) Professionals/ Semi-Professionals:	<input type="text"/>	X _____ = \$	1A
(1B) Other State Licensed Individuals:	<input type="text"/>	X _____ = \$	1B
(1C) Employees:	<input type="text"/>	X _____ = \$	1C
(2) Units:	<input type="text"/>	X _____ = \$	2
(3) Vehicles:	<input type="text"/>	X _____ = \$	3
(4) Estimated Gross Receipts:	<input type="text"/>	X _____ = \$	4

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and that I understand the above notice contained in this application.

Signature _____

Title _____ **Date** _____

Duplicate Copy (5-1.19) Name Change \$ _____

Location Change (5-1.17) Permit Fee \$ _____

(Include Permit Application)

Other Fees, if applicable _____

Penalty _____ % \$ _____

*** OFFICIAL USE ONLY ***

DATE PAID: _____ **RECEIPT:** _____ **BY:** _____

CASH **CHECK NO:** _____ **CREDIT CARD AUTH:** _____

BALANCE DUE \$ _____

Note: A non-refundable processing fee is charged for all business license applications.