



# CITY OF SIGNAL HILL

2175 CHERRY AVENUE

SIGNAL HILL, CA 90755

Phone: (562) 989-7316 Fax: (562) 989-7393

## OUT OF CITY BUSINESS LICENSE TAX APPLICATION

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.

### APPLICANT'S INFORMATION

Business Name \_\_\_\_\_

Business Street Address \_\_\_\_\_

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

Mailing Address (if different) \_\_\_\_\_

Business Phone \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_

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

Owner's/Officer's \_\_\_\_\_

Name Driver's \_\_\_\_\_

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

Description of Business (be specific)

State License No. \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

### FEE SCHEDULE

Business Type	Annual	Semi-Annual
General Contractor	\$159	\$109

SUB TOTAL DUE: \$ \_\_\_\_\_ + Plus \$4.00 State SB-1186

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 \_\_\_\_\_

### OFFICIAL USE ONLY

Reviewed By \_\_\_\_\_ Receipt No. \_\_\_\_\_

Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Thank you for doing business in the City Signal Hill