



CITY OF SIGNAL HILL
FINANCE DEPARTMENT
 2175 Cherry Avenue, Signal Hill CA 90755
 Phone: (562) 989-7316 Fax: (562)989-7393

BUSINESS LICENSE TAX APPLICATION - INSIDE THE CITY 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**

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 _____

Phone Number _____ E-mail: _____

Description of Business (be specific) _____

State License No. _____ Federal ID _____ State ID _____

For Planning Department Only

Legal Use: _____

Zoning Designation _____

Planning Approve / Denied _____ Date: _____

Conditions: _____

Primary SIC CODE _____ if applicable, list other primary SIC codes _____

Business License Fees

	Jan/ Dec 31	July 1/ Dec 31	
Base Fee	\$40.00	\$20.00	
Processing Fee	\$59.00	\$59.00	
# of Partners (Minus 1) x \$20.00	_____	_____	
# of Employees (Minus 2) x \$2.00	_____	_____	
Planning/Zoning Review Fee	\$100.00	\$100.00	
SB-1186 Fee	\$4.00	\$4.00	Total Business License Fee : _____

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