



**City of Torrance, Revenue Division**  
**Business License Application**

3031 Torrance Boulevard, Torrance, California 90503 • 310/618-5828

NAME OF BUSINESS			
1. LICENSE NO.		2. CATEGORY NO.	
HOME OCCUPATION	HEALTH PERMIT	S.I.C. CODE	

**PART I. APPLICANT TO ANSWER ALL QUESTIONS IN THIS SECTION (print or type)**

3. BUSINESS NAME OR DBA				4. CORPORATE NAME (IF DIFFERENT FROM ABOVE)				
5. BUSINESS ADDRESS			SUITE #	CITY		STATE	ZIP	
6. MAILING ADDRESS			SUITE #	CITY		STATE	ZIP	
7. NATURE OF BUSINESS (state type of business being conducted at this location)						8. BUSINESS PHONE		
9. NAME OF PERSON MAKING APPLICATION (must be an owner, partner or corporate officer)				10. TITLE		11. HOME PHONE		
12. RESIDENCE ADDRESS			CITY	STATE	ZIP	13. DRIVER'S LICENSE NO.	14. NO. OF PERSONS WORKING AT LOCATION	15. STATE SALES TAX NO.
16. STATE CONTRACTOR'S LICENSE NO.	17. SQUARE FOOTAGE		18. SOCIAL SECURITY NO.		19. FEIN NO.		20. SEIN NO.	

21. OWNERSHIP INFORMATION:  PARTNERSHIP  CORPORATION  SOLE OWNERSHIP

NAMES OF OWNER, PARTNERS OR PRINCIPAL OFFICERS	TITLE	HOME ADDRESS	HOME PHONE

I DECLARE THAT I AM THE OWNER, PARTNER, CORPORATE OFFICER OR PERSON WITH THE POWER OF ATTORNEY, AND I UNDERSTAND IF ALL THE INFORMATION PROVIDED ABOVE IS NOT TRUE THE BUSINESS LICENSE BEING APPLIED FOR MAY BE REVOKED AS OUTLINED IN SECTION 31.9.10. OF THE TORRANCE MUNICIPAL CODE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PART II. FOR OFFICIAL USE ONLY**

BASIC FEE	ENT. FEE	FIRE INSP. FEE	OTHER			
PER PERSON FEE	DANCE/PIANO FEE	OTHER (cont'd)				
PENALTY FEE	HOLD <input type="checkbox"/> YES <input type="checkbox"/> NO	PROCESSING FEE				
RECEIVED BY	DATE:	CHECK NO.	BANK NO.	CASH	TOTAL AMOUNT	

\$