



City of Torrance, Revenue Division
Business License Application

3031 Torrance Blvd, Torrance, CA 90503 • 310/618-5828 • 310/618-5852 Fax

FOR OFFICIAL USE ONLY		
1. LICENSE NO.	2. CATEGORY NO.	
HOME OCCUPATION	HEALTH PERMIT	3. NAICS CODE

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

4. BUSINESS NAME OR DBA				5. CORPORATE NAME (IF DIFFERENT FROM ABOVE)			
6. BUSINESS ADDRESS		SUITE #	CITY		STATE	ZIP	
7. MAILING ADDRESS		SUITE #	CITY		STATE	ZIP	
8. NATURE OF BUSINESS (state type of business being conducted at this location)				9. NO. OF PERSONS WORKING IN TORRANCE	10. BUSINESS PHONE		11. CELL PHONE
12. NAME OF PERSON MAKING APPLICATION (must be an owner, partner or corporate officer)			13. TITLE		14. HOME PHONE		15. EMAIL ADDRESS
16. RESIDENCE ADDRESS		CITY	STATE	ZIP	17. DRIVER'S LICENSE #		18. SOCIAL SECURITY #
19. STATE CONTRACTOR'S LICENSE #	20. SQUARE FOOTAGE	21. STATE SELLERS PERMIT #		22. FED. TAX ID #		23. STATE TAX ID #	
24. OWNERSHIP INFORMATION							
<input type="checkbox"/> LLC		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> CORPORATION		<input type="checkbox"/> 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 the true the business license being applied for may be revoked as outlined in section 31.9.10 of the Torrance Municipal Code.							
I am duly authorized to make this application. All of the information provided in this application is true and correct. The business will not provide any service, good or product which is illegal under Federal, State, or Local Laws. I declare under penalty of perjury that the foregoing is true and correct.							
SIGNATURE _____				DATE _____			

PART II. FOR OFFICIAL USE ONLY

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