



City of West Covina

Business License Application

• Business Licensing Division •
8839 N Cedar Ave #212, Fresno, California 93720
PH (626) 513-0043 • FAX (909) 348-0465

Apply Online Today At: <https://westcovina.hdlgov.com>

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
NAIC Code	_____
License Fee \$	_____
Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____	Bus. Start Date _____
Corporate Name (if applicable) _____	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>	Email Address _____
Mailing Address _____	State Sales Tax No. _____
Phone No. _____ Alt. No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	State License No. _____
	State License Type _____
	Expire Date _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Social Security No. _____
Home Address (Cannot be P.O. Box) _____	Driver's License No. _____
	Other ID No. _____
	Phone No. _____
2nd Owner Name _____ Title _____	Social Security No. _____
Home Address (Cannot be P.O. Box) _____	Driver's License No. _____
	Other ID No. _____
	Phone No. _____

- Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS.
- Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____
	Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of West Covina Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.

SIGN HERE

→ _____
Signature of Owner or Representative
Title _____ Date _____

*Thank you for doing business
in the City of West Covina*

No. of Residential Rental Units # _____	No. of Owners/Employees # _____	Sq. ft. of business if in city limits _____ SF
Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services \$ _____		

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

RETURN APPLICATION BY MAIL TO:
City of West Covina - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832

SCAN & RETURN APPLICATION BY EMAIL TO:
support@hdlgov.com

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect

Business Location

Mailing Address

Owner/Partner/Officer Address