



# City of West Covina

## Business Support Center

Phone: 888-602-0239 • F.A.X: 909-348-0465  
Mailing Address: 8839 N. Cedar Ave #212 • Fresno, CA 93720-1832

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

### OFFICIAL USE ONLY

Business License No. \_\_\_\_\_  
Expiration Date \_\_\_\_\_  
NAIC Code \_\_\_\_\_  
License Fee \$ \_\_\_\_\_

## BUSINESS LICENSE APPLICATION

### PLEASE TYPE OR PRINT WITH PEN

Business Name \_\_\_\_\_ Bus. Start Date \_\_\_\_\_

Corporate Name \_\_\_\_\_  New Application  Change  Home Occupation  
(if applicable)

Business Location \_\_\_\_\_  
(Cannot be P.O. Box) STREET CITY STATE ZIP CODE

Primary Phone No. \_\_\_\_\_  Business  Cell  Home Alt. No. \_\_\_\_\_  Business  Cell  Home

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Description of Business \_\_\_\_\_

Email Address \_\_\_\_\_ Federal ID No. \_\_\_\_\_

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

### 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 \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
(Cannot be P.O. Box)

Cell Phone No. \_\_\_\_\_

2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
(Cannot be P.O. Box)

Cell Phone No. \_\_\_\_\_

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

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

### CONTRACTORS - This section is required for all contractors.

Contractor's State License Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

### PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

#### CERTIFICATION AND ACKNOWLEDGEMENT

I acknowledge that the payment of tax for Business Licensing and/or the issuance of a Business License does not entitle me/authorized representative to conduct any business in the City of West Covina (hereinafter "the City") that is in violation of any applicable laws. I further acknowledge that the City's issuance of a Business License does not waive the City's right in any way to enforce compliance with applicable laws against me/authorized representative. I hereby declare under the penalty of perjury that to the best of my knowledge and belief the statements made on this application are true and correct.

SIGNATURE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Title \_\_\_\_\_ Application Date \_\_\_\_\_

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

### Please provide the following information about your business. Only include information for business operations within City of West Covina.

No. of Employees - the average number of people engaged in the business during the preceding calendar year

No. of Vehicles

No. of Coin-Operated Machines

Estimated Annual Gross Receipts \$

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/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.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 E-MAIL TO:**  
[support@hdlgov.com](mailto:support@hdlgov.com)