



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 (if applicable) _____ New Application Change Home Occupation

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 (Cannot be P.O. Box) _____ Home Phone No. _____
_____ Cell Phone No. _____

2nd Owner Name _____ Title _____ Social Security No. _____

Home Address (Cannot be P.O. Box) _____ Home Phone No. _____
_____ 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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at 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