



City of Maywood

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BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

1. **BUSINESS NAME:** _____
STREET ADDRESS: _____
CITY, STREET, ZIP: _____
PHONE: () _____

2. **MAILING ADDRESS:** _____
CITY, STREET, ZIP: _____

3. **OWNER'S NAME:** _____
OWNER'S ADDRESS: _____
CITY, STREET, ZIP: _____
OWNER'S HOME PHONE: () _____

4. **1ST CONTACT NAME:** _____
EMERGENCY PHONE: () _____
2ND CONTACT NAME: _____
PHONE: () _____

5. **TYPE OF BUSINESS:**
 SOLE OWNER
 PARTNERSHIP
 CORPORATION
 TRUST

6. RETAIL SALES TAX NO: _____
7. FEDERAL TAX NO: _____
8. STATE TAX NO.
EMPLOYER ACCT. NO: _____
9. SOCIAL SECURITY NO: _____
10. DRIVER'S LICENSE NO: _____
11. NUMBER OF EMPLOYEES: _____
12. NUMBER OF TRUCKS OPERATING IN CITY: _____
13. VEHICLE LICENSE NO: _____ MAKE: _____ YR: _____ TAB #: _____
_____ MAKE: _____ YR: _____ TAB #: _____
_____ MAKE: _____ YR: _____ TAB #: _____
14. CONTRACTOR'S LICENSE NO: _____
15. STATE LICENSE NO: _____
16. BUSINESS DESCRIPTION: _____
17. APPLICANT NAME: _____ DATE: _____
- APPLICANT TITLE: _____
- APPLICANT SIGNATURE: _____

FOR OFFICE USE ONLY

SIC # _____

OCCUPANCY PERMIT #: _____

DATE ISSUED: _____