



City of Maywood

4319 E. Slauson Ave, Maywood CA, 90270
Office: (323) 562-5700 Fax: (323) 773-2806

Business License Application

OFFICE USE ONLY

The City of Maywood Municipal Code (MMC Section 3-1.101) requires that all business operating in the City obtain a license. It is the responsibility of the applicant to maintain an active license by renewing each year.

Type of Application: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Business Name <input type="checkbox"/> Change of Address	Type of License: <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Home Occupation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Property Rentals Number of Units _____ <input type="checkbox"/> Contractor/Agent	Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> LLC
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Business Information Business Name / DBA _____ Business Address _____ City, State, Zip _____ Mailing Address _____ City, State, Zip _____ Business Phone No _____ Email _____ Federal ID No _____ State Tax No. _____ Resale Permit No _____
Business Description Business operation statement. Include products/services offered or produced as well as any parts of the business that are incidental to the primary use. <i>(Please explain in more than 4 words)</i> _____ _____
Contractors/Agents Information License No _____ State Lic. Type _____ Expiration Date _____
Owner/Contact Information Owner's Name _____ Owner's Phone _____ Owner's Address _____ City, State, Zip _____ Drivers License No _____ SSN _____ Contact Name _____ Phone _____ Address _____ City, State, Zip _____ Drivers License No _____

I declare under the penalty of perjury under the laws of the State of California that the information provided herein is to the best of my knowledge and belief, a true and correct.

Title _____ Date _____

Print Name _____ Signature of Owner _____

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License Fee \$ _____	Processing Fee \$23.00	Rental Unit Fee \$ _____	State CASp Fee \$1.00	Total Amount Due \$ _____
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Thank you for doing Business in the City of Maywood