



City of Maywood

4319 East Slauson Avenue • Maywood, California 90270

Tel: (323) 562-5000 • Fax (323) 773-2806

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 #: _____
 2ND CONTACT NAME: _____
 PHONE: _____

5. TYPE OF BUSINESS: _____

- SOLE OWNER
- PARTNERSHIP
- CORPORATION
- TRUST

6. RETAIL SALES TAX #: _____

7. FEDERAL TAX #: _____

8. STATE TAX #:
(EMPLOYER ACCOUNT #) _____

9. SOCIAL SECURITY #: _____

10. DRIVER'S LICENSE #: _____

11. NUMBER OF EMPLOYEES: _____

12. NUMBER OF TRUCKS OPERATING IN CITY: _____

13. VEHICLE LICENSE #: _____ MAKE: _____ YR: _____ TAB#: _____
_____ MAKE: _____ YR: _____ TAB#: _____
_____ MAKE: _____ YR: _____ TAB#: _____
_____ MAKE: _____ YR: _____ TAB#: _____

14. CONTRACTOR'S LICENSE #: _____

15. STATE LICENSE #: _____

16. BUSINESS DESCRIPTION: _____



FOR OFFICE USE ONLY

SIC #: _____

OCCUPANCY PERMIT #: _____ DATE ISSUED: _____