



City of La Puente

15900 E. Main Street, La Puente, CA 91744 Telephone (626)855-1500 Fax (626)961-4626

BUSINESS PERMIT APPLICATION

(Application must be complete – print or type)

Business Name: _____

Business Address: _____

Business Phone Number: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Type of Business: _____

Type of Ownership: _____ Sole Proprietor _____ Partnership _____ Corporation _____ Other (Please specify) _____

State Resale Tax No. _____ Federal I.D. No. _____

BUSINESS OWNER (S) INFORMATION

<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Drivers License No.</u>	<u>Social Security No.</u>

*(See additional attached information requirements)

I hereby certify, under penalty of perjury, that I have read and answered the statements contained in this application and my answers are true and correct. I agree to comply with all applicable state and city laws and ordinances, pertaining to my business operations, including but not limited to: Building and Safety, Zoning, and other city code requirements and grant city officials the privilege and authority to conduct such inspections as may be necessary.

Applicant's Signature _____ Date: _____

FOR STAFF USE ONLY

APPROVED

DENIED

Approved by: _____ Date: _____