



CITY OF YORBA LINDA

Finance Department • 4845 Casa Loma Avenue • Yorba Linda, CA 92886
Phone: (714) 961-7145 • Fax: (714) 985-9407 • www.yorbalindaca.gov

BUSINESS LICENSE APPLICATION

• OFFICIAL USE ONLY •

BUSINESS LICENSE NO. _____

EXPIRE DATE _____

License Reviewed & Approved By:

Planning Dept. _____

Date: _____

Zoning Designation: _____

Comments: _____

PLEASE TYPE OR PRINT CLEARLY: HOME OCCUPATION BUSINESSES, SEE REVERSE SIDE ➔

Business Name / DBA _____

Business Location _____

(Not P.O. Box)

City _____ State _____ Zip _____

Mailing Address _____

(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

Email Address _____

Start Date: _____ Description of Business: _____

Ownership Corporation Ltd. Liability Corp. Partnership Sole Proprietorship Trust

State Lic. No. _____ State Lic. Type _____ Expiration Date _____

Resale No. _____ Federal ID No. _____ State ID No. _____

Enter below names of Owners, Partners, or Corporate Officers (Attach additional pages if necessary)

Name _____ Title _____ Phone () _____

Home Address _____

City, State, Zip _____

Name _____ Title _____ Phone () _____

Home Address _____

City, State, Zip _____

In case of emergency, please contact:

Name _____ Title _____ Phone () _____

Address _____

Alarm Company (if applicable):

Name _____ Phone () _____

Address _____ License No. _____

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN

No. of Employees

No. of Professionals

Delivery & Professional Services \$

No. of Units

No. of Vehicles

State Licensed Contractor \$

NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office.

Wholesale & Manufacturing \$

All business license applications are subject to approval by the City.

Please read the following and sign:

Completion of this application does not constitute a valid business license.

I hereby certify that I am an owner/authorized representative and the information is true, correct and that my business is permitted under Federal, State, and Local law.

Retail Sales \$

Owner/Representative Signature: _____

Other \$

Print Name: _____

State Fee \$

Date: _____ Title: _____

TOTAL AMOUNT DUE \$

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND
MAKE CHECK PAYABLE TO THE CITY OF YORBA LINDA.

YOUR BUSINESS LICENSE WILL BE MAILED TO YOU.

Cashier Validation: