Los Angeles County Department of Regional Planning

BUSINESS LICENSE REFERRAL APPLICATION FORM

Business Address:	APN:
Name of Owner:	Contact Phone#:
D.B.A/ Name of Business:	E-Mail Address:
Is this an existing business? ☐ Yes ☐ No Is this a change of ownership? ☐ Yes ☐No	Are you proposing any tenant improvements? ☐Yes ☐ No If yes, describe:

In the space below, please provide a **detailed** description of your business. What service will you provide? What types of items, if any, will be sold on site?

Please CHECK all that apply:

Sales of Goods:	☐**New Items**	☐**Used Items**	☐**Retail**	☐**Wholesale**
Services:	☐**Auto Repair**	☐**Truck Repair**	☐**Auto Dismantling**	
Food:	☐**On-Site Seating**	☐**Take-Out**	☐**Pre-Packaged**	

Indicate what food items you will be selling: _____

Note: *Public Eating = Restaurant with on-site seating;* *Food Establishment= Packaged food no eating i.e. Market*

SPACE BELOW RESERVED FOR STAFF USE ONLY

DECISION :		**DATE COMPLETED**		DATE SUBMITTED	

Mailing Address:
(Name Address City/State/Zip)

Use:

TIMELINE	NOTES: