



CITY OF LA VERNE
3660 D Street, La Verne, CA 91750
Phone: (909) 596-8722 • Fax: (909) 596-8737
www.laverneca.gov

Business Start Date _____

Application Date _____

BUSINESS LICENSE APPLICATION

Please check one:

☐ New Application ☐ Contractor/Outside Service ☐ Home Occupation

Change of: ☐ Owner ☐ Address ☐ Business Name

Business Name/DBA _____

Primary Contact _____ Business Phone (____) _____

Brief Description of Business _____

Federal I.D. # _____ Resale # _____ State Lic. # _____ Class/Exp. _____

Ownership Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

Standard Industrial Classification (SIC)¹ Code – **REQUIRED:** _____

For La Verne Businesses Only: Property Owner - Management Information Name: _____

Address _____

Business Address (other than Home Occupation):

Business Address _____
(Cannot be a P.O. Box per State of California Business & Professions Code – Section 17538.5)

Mailing Address (if different) _____

Business Address - Home Occupation:

Business Address (if no service of process address)* _____

Service of Process Address _____
(P.O. Box if meet requirements of State of California Business & Professions Code – Section 17538.5, (2), (b))

Owner/Partner/Officer Information (Include Additional on Separate Attachment)**

Name: _____

Title: _____

Address*: _____

City/State/Zip*: _____

Email: _____

Telephone: _____

Identification Information (complete one form)*

CA Driver License/ID #: _____

CA Municipal ID #: _____

Social Security/ITIN #: _____ - _____ - _____

Name: _____

Title: _____

Address*: _____

City/State/Zip*: _____

Email: _____

Telephone: _____

Identification Information (complete one form)

CA Driver License/ID #: _____

CA Municipal ID #: _____

Social Security/ITIN #: _____ - _____ - _____

MANDATORY - Industry Regulated Businesses²

Are you a business that is a regulated industry with stormwater discharge requirements in accordance with Senate Bill 205 National Pollutant Discharge Elimination System (NPDES) permit program?

- ☐ YES
☐ NO

If YES, please provide the appropriate State Board issued # below:

NPDES (WDID) Permit # _____

WDID Application # _____

NONA (Notice of Non Applicability) # _____

NEC ID# (No Exposure Certification) _____

Estimated Annual Gross Receipts	1.
No. of Employees (Manufacturing Only)	2.
No. of Rental Units (Commercial or Residential)	3.
License Tax-Please See Chapter 5.12 of the L.V.M.C	4.
License Processing Fee	5. 30.00
Zoning Verification-if applicable (Certificate of Use and Occupancy or Home Occupation)	6.
SB-1186 State Fee***	7. 4.00
Total Amount Due-add boxes 4, 5, 6 and 7	\$

Payment Must Accompany Application – Non-Refundable

IF YOU NEED ASSISTANCE WITH THE FEES, PLEASE CALL (909) 596-8722. **RETURN WITH PAYMENT, BY MAIL OR IN PERSON ONLY.**

*This information is confidential to the extent allowed by law. California Constitution Article 1, Section 1; Government code Section 6254 (i)

**Owner/Partner/Officer Information must be completed.

¹ SIC categorical descriptions are available at www.osha.gov/pls/imis/sicsearch.html.

² Storm water permits are required based on requirements of the State Water Resources Control Board identified by the regulated SIC codes. These listings are available at www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml.

Applicant hereby agrees to comply with all applicable state laws and county and city ordinances regulating the type of business for which applied herein. Applicant further agrees that any additional business, trade, calling, exhibition or a vocation engaged in, carried on or conducted by the applicant on said premises or in the City of La Verne shall require specific approval and/or separate application.

***Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.

The Department of Rehabilitation at www.rehab.cahwnet.gov.

The California Commission on Disability Access at www.ccda.ca.gov.

I understand that a business license is required to do business in La Verne under Chapter 5.08 of the La Verne Municipal Code. I understand that a business license is enacted solely to raise revenue for municipal purposes, and is not intended for regulation. I certify under the penalty of perjury that the above information is true and correct to the best of my knowledge.

Print Name: _____ Title: _____

Signature of Owner/Officer: _____ Date: _____

(Revised 9/2026)