| AOFLYNW | City of Lynwood | | OFFICIAL USE ONLY | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------|--------------------------|--|
| | Business Support Center | | Business License No. | | | |
| | Phone: 888-602-0239 • F.A.X: | | Expiration Date | | | |
| SIFOR | Mailing Address: 8839 N. Cedar Ave #212 • F | Fresno, CA 93720-1832 | NAIC Code | | | |
| Apply Online Today At: http://lynwood.hdlgov.com | | | License Fee \$ | | | |
| BUSINES | S LICENSE APPLICATION | | | | | |
| PLEASE TYPE O | DR PRINT WITH PEN | | | | | |
| Business Name | Bus. Start Date | | | | | |
| Corporate Name (if applicable) | New Application Change Home Occupation | | | | | |
| Business Location (Cannot be P.O. Box) | n | | CITY | STATE | ZIP CODE | |
| Primary Phone No | D Home | | | | Business Cell Home | |
| Mailing Address | | | | | | |
| _ | STREET | | CITY | STATE | ZIP CODE | |
| Description of Bus | siness | | | | | |
| Email Address | | F(| ederal ID No. | | | |
| Ownership 🛛 C | | | 🗆 Trust 🛛 Non-F | | | |
| | ORMATION - Enter below names of Owners, Partners, | | | | | |
| 1st Owner Name Title | | | Social Security No | | | |
| Home Address (Cannot be P.O. Box) | | | Cell Phone No. | | | |
| | | | ell Phone No. | | | |
| | | | | | | |
| 2nd Owner Name | Illie | | Social Security No. | | | |
| Home Address (Cannot be P.O. Box) | | | lome Phone No. | | | |
| (Cannot be P.O. Box) | | | ell Phone No. | | | |
| | OTIFICATION - In case of emergency and I cannot be | reached, please call: | | | | |
| Name | Name | | | Title | | |
| Address | | | | | | |
| | | c | ell Phone No. | | | |
| CONTRACTORS | - This section is required for all contractors. | Please provide the Lynwood as we | no. of employees well as any other req | | | |
| | State License Number Expiration Date | Number of Employe | es | | | |
| PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN | | Number of Units | of Units | | | |
| I acknowledge that the City of Lynwood's issuance of a Business License and payment of Business License Tax does not entitle me/ authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Lynwood's issuance of a Business License does not waive the City of Lynwood's right in any way to enforce compliance with applicable laws against me/ authorized representative. I hereby declare under the penalty of perjury that to the best of my knowledge and belief the statements made on this application are true and correct. | | Number of Vehicles | | | | |
| | | NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and 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 . | | | | |
| SIGNATURE | | RETURN APPLICATION BY MAIL TO: City of Lynwood – Business Licensing | | | | |
| PRINT NAME | | 8839 N. Cedar Ave #212 | | | | |
| Title Application Date | | | | | | |
| Thank you for doing business in the City of Lynwood | | SCAN & RETURN APPLICATION BY E-MAIL TO: support @hdlgov.com | | | | |