



# CITY OF COVINA

125 E. College Street • Covina, CA 91723-2199  
Phone: (626) 384-5506 • Fax: (626) 384-5499 • Web Site: www.covinaca.gov

## BUSINESS LICENSE APPLICATION

It is essential to ensure that planned business uses are permitted at a given location within the City. Zoning verification and all required permits from City Departments must be obtained before the business activity will be allowed. A business license does not guarantee the right to conduct business activities that are in violation of City Codes.

Please Check One:

- New Application
- Change of Owner
- Change of Address within City of Covina
- Change of Business Name
- In Home Business

Business Name \_\_\_\_\_ Business Start Date \_\_\_\_\_  
 Corporate Name (If Applicable) \_\_\_\_\_ State License No. \_\_\_\_\_  
 Business Location \_\_\_\_\_ Zip \_\_\_\_\_ State License Type \_\_\_\_\_  
(Cannot be P.O. Box)  
 Mailing Address \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Federal ID No. \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Fax \_\_\_\_\_ State ID No. \_\_\_\_\_  
 Description of Business \_\_\_\_\_  
 Type of Ownership:  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  
 Business Operation:  Administrative Office Only  Retail  Wholesale  Manufacturing/Distributing  Medical/Dental  
 Other \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers** (attach additional sheet, if necessary)

1st Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Cannot be P.O. Box)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_  
 2nd Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Drivers License No. \_\_\_\_\_  
 Home Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Cannot be P.O. Box)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Cell/Pager No. \_\_\_\_\_

**\*\*\*\*\* FOR COVINA BUSINESSES ONLY \*\*\*\*\***

Property Owner  Property Management Information (please check one, if applicable)  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Emergency Contact Information** (other than business owner)  
 Local Contact \_\_\_\_\_ Phone No. \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Alarm Company, if applicable** (attach additional sheet, if necessary)  
 Company \_\_\_\_\_ License No. \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\*\*\*\*\* FOR OFFICIAL USE ONLY \*\*\*\*\***

**PLANNING:**  
 Zoning \_\_\_\_\_ Approval \_\_\_\_\_ Date \_\_\_\_\_  
 Comments \_\_\_\_\_

<b>FINANCE:</b>		PT	FT	
1. Number of Employees				Application For Year 20 _____
2. Minimum Tax Covering First Person or Unit	\$	_____	_____	Business License No. _____
3. Add \$ _____ for each _____	\$	_____	_____	Business Rate Code _____
4. Add \$ _____ for each _____	\$	_____	_____	SIC Code _____
	<b>SUBTOTAL</b>	\$	_____	NAIC Code _____
5. Shoppers Lane (if applicable)	\$	_____	_____	Application Received by _____
6. Prorated Tax (If business opened after January 1st tax may be prorated from opening month of _____.)	\$	_____	_____	Receipt No. _____
7. Penalty (If license is overdue, add 20% penalty per month for first day of each month after opening date ____%.)	\$	_____	_____	Cash/Check No. _____
8. Address Change	\$	_____	_____	
9. Other _____	\$	_____	_____	
10. Zoning Fee	\$	_____	_____	
11. Processing Fee	\$	_____	_____	
	<b>TOTAL LICENSE TAX</b>	\$	_____	

I DECLARE UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Signature of Owner/Officer/Partner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**RETURN COMPLETED APPLICATION WITH A CHECK PAYABLE TO CITY OF COVINA, 125 E. COLLEGE ST., COVINA, CA 91723-2199**