



City of Pico Rivera

Business License Application

Business Licensing Division
8839 N Cedar Ave #212, Fresno, California 93720
PH (562) 222-8750 • FAX (909) 348-0465

Apply Online Today At: https://picorivera.hdlgov.com/

OFFICIAL USE ONLY
Business License No.
Expiration Date
NAIC Code
License Fee \$
Check # Credit Card Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name
Corporate Name
Business Location
Mailing Address
Phone No. Alt. No.
Bus. Start Date
New Application Change Home Occupation
Email Address
State Sales Tax No.
Federal ID No.
State ID No.
State License No.
State License Type
Expire Date
Description of Business
Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)
1st Owner Name Title Social Security No.
Home Address Driver's License No.
Other ID No.
Phone No.
2nd Owner Name Title Social Security No.
Home Address Driver's License No.
Other ID No.
Phone No.

- Have you filed a Fictitious Business Name Statement? Yes No If yes, please attach copy of approved filed FNS.
Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:
Name Title
Address Phone No.
Cell Phone No.

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN Business License Application Fees

CERTIFICATION AND ACKNOWLEDGEMENT
I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of Pico Rivera Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.
SIGN HERE
Signature of Owner or Representative
Title Date
Thank you for doing business in the City of Pico Rivera

No. of Residential Rental Units #
No. of Owners/Employees #
Sq. ft. of business if in city limits SF
Estimated First Year Annual Gross Receipts (GR) for Sales and/or Services \$

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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

RETURN APPLICATION BY MAIL TO:
City of Pico Rivera - Business Licensing
8839 N. Cedar Ave #212
Fresno, CA 93720-1832
SCAN & RETURN APPLICATION BY EMAIL TO:
PicoRivera@hdlgov.com

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect

- Business Location Mailing Address Owner/Partner/Officer Address