

Incompletion of Application will  
cause delay in processing.



City of Tustin  
Business License Application  
300 Centennial Way  
Tustin, CA 92780  
714-573-3144

**NON-BUILDING CONTRACTOR – BUSINESS OFFICE NOT LOCATED IN CITY OF TUSTIN**

\*Business Name \_\_\_\_\_  
\*(If other than surname, include a copy of your approved Fictitious Business Name statement filed with County Clerk.)  
Business Address \_\_\_\_\_ Suite Number \_\_\_\_\_  
(Use of Post Office or commercial mailbox for business address is a misdemeanor.)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Business Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Web Page \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Seller's Permit No. \_\_\_\_\_ Nature and Type of Good Sold \_\_\_\_\_

Business Activity (Please be specific) \_\_\_\_\_  
Business Type (check one)  
 **Sole Ownership / Independent Contractor / Partnership**  
 **Corporation** / Corporate Identification No. \_\_\_\_\_ (located on Articles of Incorporation) State \_\_\_\_\_  
 **LLC** Identification No. \_\_\_\_\_ State \_\_\_\_\_  
 **CHECK HERE IF THIS IS A HOME-BASED BUSINESS**

Date business began to operate in City of Tustin \_\_\_\_\_

**RESIDENCE ADDRESS OF RESPONSIBLE PARTY IS REQUIRED.**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
**If partnership, name partner below:**  
Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Certain businesses and/or professions may require special permits for which an additional fee will be charged. In some instances, fingerprinting and/or background checks will be required, also at an additional charge.

**I hereby declare, under penalty of perjury, that the foregoing information is true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required AND TO CONDUCT ALL PHASES OF THIS BUSINESS IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES, AND REGULATIONS ESTABLISHED FOR SUCH BUSINESS/PROFESSION.**

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO THE CITY OF TUSTIN.**

Determine tax due \$ \_\_\_\_\_  
Penalty if applicable \$ \_\_\_\_\_  
**Total Due \$ \_\_\_\_\_**