



CITY OF AGOURA HILLS

30001 Ladyface Court Agoura Hills, CA 91301 Phone: (818) 597-7320 Fax: (818) 597-7352 mhanson@ci.agoura-hills.ca.us

BUSINESS REGISTRATION APPLICATION

It is the Business Owner's responsibility to notify the Business Registration office immediately if there are any changes to the business entity from the information submitted on this application. Business Registration is paid for the calendar year of January 1 through December 31. It is the Business Owner's responsibility to renew the Business Registration by December 31, whether they receive a renewal form or not. **Please type or print legibly.**

Business Name: _____ DBA if Any: _____ Business Address: _____ City, State, Zip: _____ If Different From Above: Mailing Address: _____ City, State, Zip: _____ Bus Phone: () _____ Bus Fax: () _____ Start Date: _____ Email: _____ Square Footage: _____ No of Employees: _____ <small>(If within Agoura Hills) (If within Agoura Hills)</small>	PLEASE CHECK ONE OR MORE:
	<input type="checkbox"/> New Application
	<input type="checkbox"/> Change of Ownership
	<input type="checkbox"/> Change Of Address
	<input type="checkbox"/> Change of Business Name
	<input type="checkbox"/> Home Occupation <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant
	Renewal Number: _____
	OFFICIAL USE ONLY
	Parking Rqmt: _____
	Land Use Code: _____
	Occupancy: _____
	DEPARTMENT APPROVALS
	Planning Dept.: _____
	Building & Safety: _____

Business Description: _____

Ownership: Corporation Ltd Liability Partnership Sole Proprietor Trust

State Lic No: _____ License Type: _____ Expiration Date: _____

Resale No: _____ LA Cty Business License No: _____

Business Owners, Partners, or Corporate Officers - Please enter in a person's name and all requested information - Use additional sheets as necessary

Owner's Name: _____ Title: _____ Phone () _____

Address: _____

City: _____ State: _____ Zip: _____

Owner's Name: _____ Title: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

In case of emergency, please contact:

Name: _____ Title: _____ Phone: () _____

Address: _____

Acceptance of payment does not constitute approval of Business Registration. Authorization to conduct business is not granted until registration is issued. I declare, under the penalty of making false declaration that I am authorized to complete this form and to the best of my knowledge and belief it is a true, and correct, and complete statement, made in good faith. I understand and agree that the granting of this business registration requires my compliance with all applicable City of Agoura Hills Municipal Code provisions, state, local, and federal laws, and all conditions set forth above. I also understand and am familiar with such local, state, and federal laws, and agree that any failure to fully comply with all such local, state, and federal laws and conditions set forth above may result in revocation of this registration. ****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.cdda.ca.gov.

Annual Fee: \$65.00 and \$1.00 State Fee** C.C Cash Check _____

Signature of Owner or Representative: _____ Date: _____