



AGOURA HILLS
 30001 Ladyface Court • Agoura Hills, CA 91301
 Phone (818) 597-7320 • Fax (818) 597-7352

BUSINESS REGISTRATION APPLICATION

Please Check One →

NEWAPPLICATION
 CHANGE OF OWNER
 CHANGE OF ADDRESS
 CHANGE OF BUSINESS NAME
 HOME OCCUPATION

OFFICIAL USE ONLY

BUSINESS LICENSE NO. _____
 EXPIRATION DATE _____
 DATE PAID _____
 RECEIPT NO. _____
 LAND USE CODE _____

DEPARTMENT APPROVALS

PLANNING/ZONING _____
 BUILDING & SAFETY _____

Important instructions to applicant: **Please type or print legibly.** Return completed application with applicable fees to the address above. **An incomplete application will delay your registration!**

Business Name _____

Street Address _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ **Bus. Fax** () _____ **Start Date** _____

Description of Business

Ownership: Corporation Ltd Liability Corp Partnership Sole Proprietor Trust **L. A. County Business License No.** _____

State Contractor No. _____ **License Type** _____ **Expiration Date** _____

Resale No. _____

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____
 City _____ State _____ Zip _____

Owner Name _____ **Title** _____ **Phone** () _____

Home Address _____
 City _____ State _____ Zip _____

In case of emergency, please contact:

Name _____ **Title** _____ **Phone** () _____

Address _____

Business Registrations are issued on a calendar year: January - December

TOTAL AMOUNT DUE - ANNUAL FEE **\$35.00**

Date: _____ **Signature of Owner or Representative:** _____

RETURN COMPLETED APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF AGOURA HILLS