



City of El Monte

BUSINESS PERMIT

11333 Valley Blvd.
 El Monte, CA 91731
 (PHONE) (626) 580-2031 (FAX) (626) 443-2102
 License@elmonteca.gov

DEPARTMENT USE ONLY	
ACCOUNT #	_____
EXPIRATION DATE	_____
DUE DATE	_____
PERMIT FEE	_____

BUSINESS NAME		FOR OFFICE USE ONLY - VALIDATION		
CORPORATE NAME	BUSINESS TELEPHONE			
BUSINESS ADDRESS				
MAILING ADDRESS		TYPE OF PERMIT		
		TYPE OF OWNERSHIP		
OWNER #1	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	STATE	
HOME ADDRESS	CITY	STATE	ZIP	
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE (OTHER THAN TRAFFIC CITATIONS)?		<input type="checkbox"/> NO <input type="checkbox"/> YES, IF "YES" PLEASE EXPLAIN:		
OWNER #2	SOCIAL SECURITY NO.	DRIVER'S LICENSE NO.	STATE	
HOME ADDRESS	CITY	STATE	ZIP	
HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE (OTHER THAN TRAFFIC CITATIONS)?		<input type="checkbox"/> NO <input type="checkbox"/> YES, IF "YES" PLEASE EXPLAIN:		
MOBILE VENDORS	VEHICLE LICENSE NUMBER(S):			
# VEHICLES:	1. _____	4. _____	7. _____	10. _____
	2. _____	5. _____	8. _____	11. _____
	3. _____	6. _____	9. _____	12. _____
ADDRESS WHERE VEHICLES PARKED:	CITY	STATE	ZIP	
<p>WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETE INFORMATION. PLEASE MAKE ANY ADDITIONS, CORRECTIONS OR CHANGES TO THE INFORMATION ABOVE AND RETURN THE SIGNED APPLICATION ALONG WITH YOUR PAYMENT TO THE ADDRESS LISTED ABOVE.</p> <p>I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ABOVE ARE TRUE.</p>				
_____	_____	_____	_____	
OWNER/OFFICER SIGNATURE	TITLE	DATE	DAYTIME TELEPHONE NUMBER	

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