CITY OF GARDEN GROVE
BUSINESS LICENSE APPLICATION
FOR RESIDENTIAL RENTAL

OFFICE USE ONLY

BUSINESS LICENSE #
NOTICE #
EXPIRATION DATE
1ST PENALTY DATE
ZONING/ PLANNING/ BUILDING CLEARANCE-SIC
PRINTED DATE

PLEASE SUBMIT SIGNED APPLICATION AND PAYMENT TO

FOR ASSISTANCE PHONE (714) 741-5074

CITY OF GARDEN GROVE
P.O. BOX 3070, GARDEN GROVE, CA 92842
11222 ACACIA PKWY., GARDEN GROVE, CA 92840

MAILING ADDRESS

THANK YOU FOR COMPLYING WITH GARDEN GROVE MUNICIPAL CODE SECTION 5.07.350 THAT STATES, "OWNING RENTAL PROPERTY IS CONSIDERED A FORM OF DOING BUSINESS. A SEPARATE BUSINESS TAX CERTIFICATE IS REQUIRED FOR EACH RESIDENTIAL, COMMERCIAL, AND/OR INDUSTRIAL PARCEL LOCATED ON SEPARATE LOTS, OR WITH SEPARATE ASSESSOR PARCEL NUMBERS, OR WITH SEPARATE ADDRESS."

PROPERTY OWNER'S NAME	OWNERSHIP CLASSIFICATION (Check one) ☐ SOLE OWNER ☐ CORPORATION ☐ LLC ☐ PARTNERSHIP ☐ LLP ☐ OTHER	RENTAL START DATE
ADDRESS OF RENTAL PROPERTY SUITE/UNIT # ZIP		FEDERAL EMPLOYER'S ID NUMBER
THIS RESIDENTIAL RENTAL IS: (Check one) ☐ HOUSE ☐ APARTMENT COMPLEX ☐ CONDOMINIUM ☐ SINGLE APARTMENT	NO. OF UNITS AVAILABLE FOR RENTAL	DOES OWNER LIVE ON PROPERTY?
NAME OF SOLE OWNER, PARTNER OR CORPORATE OFFICER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER
HOME ADDRESS OF PERSON LISTED ABOVE SUITE/UNIT CITY STATE ZIP		HOME PHONE #
NAME OF 2nd SOLE OWNER, PARTNER OR CORPORATE OFFICER	DRIVER'S LICENSE NUMBER	SOCIAL SECURITY NUMBER
HOME ADDRESS OF PERSON LISTED ABOVE SUITE/UNIT CITY STATE ZIP		HOME PHONE #
EMERGENCY CONTACT NAME	PHONE NUMBER	
NAME OF SECURITY OR ALARM COMPANY	ADDRESS	PHONE # OF ALARM COMPANY
ALTERNATIVE MAILING ADDRESS FOR FUTURE CORRESPONDENCE / LICENSE RENEWALS		

BUSINESS TAXES ARE DUE IMMEDIATELY UPON COMMENCING BUSINESS IN THE CITY.
PLEASE COMPLETE THE ENTIRE APPLICATION – INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

BASE TAX.....	$
EACH RESIDENTIAL DWELLING UNIT IS $3.40. ____ (UNITS) X $3.40 =	
SUBTOTAL.....	
PENALTY (IF APPLICABLE. 10% PER MONTH).....	
PRIOR BALANCE.....	
PROCESSING FEE.....	
TOTAL DUE	$

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IS TRUE AND CORECT TO THE BEST OF MY KNOWLEDGE.

OWNER'S SIGNATURE	**PRINT NAME**	**DATE**

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