

## BUSINESS LICENSE REFERRAL SUPPLEMENTAL FORM

## **INFORMATION:**

An online **DRP - Base Application - Referrals and Letters** must be completed via EPIC-LA (<u>https://epicla.lacounty.gov</u>). Incomplete applications will not be accepted. Please refer to "How to Apply Online" on our applications page (<u>http://planning.lacounty.gov/apps</u>).

Applicants are advised to consult with planning staff prior to applying at **213-974-6411** or info@planning.lacounty.gov.

Applicant Name	Subject property (Address or APN)

D.B.A/ Name of	Business:			
	of ownership? □ Yes	□ No □ Yes □ No If yes, descri	be:	
	ow, please provide a de ems, if any, will be sold		your business. What s	service will you provide?
Diagon chook all	that apply:			
Please check all Sales of Goods:		Used Items	□Retail	□ Wholesale
Services:	□ Auto Repair	□ Truck Repair	Auto Dismantlin	
Food:	□On-Site Seating	☐ Take-Out	Pre-Packaged	0
Indicate what for items you will be selling:				
Semilig.				
Note: Public Ea	iting = Restaurant with on	n-site seating Food Es	tablishment= Packaged	food no eating i.e. Market