



**AMBULANCE PROGRAMS SECTION
BUSINESS LICENSES**

TO: Department of Regional Planning*
320 W. Temple Street, 13th Floor, Room 1360
Los Angeles, CA 90012
(213) 974-6411

FROM: Ambulance Programs Section
Ambulance Business Licenses
10100 Pioneer Blvd. Suite 200
Santa Fe Springs, CA 90670
(562) 347-1500

Section to be completed by Applicant:

DATE: _____

BUSINESS CLASSIFICATION: _____

BUSINESS ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

NAME OF OWNER: _____

DBA/NAME OF BUSINESS: _____

MAILING ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE NUMBER: _____

Section to be completed by Department of Regional Planning:

ZONE: _____ **RBUS #** _____

APPROVED: _____ **DENIED:** _____

REMARKS: _____

SIGNATURE: _____ **DATE:** _____

REGIONAL PLANNING STAMP:

***PLEASE NOTE: The Department of Regional Planning is closed on Fridays, call for specific hours of operation and current fee.**