

South Bay Village Incorporated

22939 Hawthorne Blvd., Suite 106, Torrance, California 90505 (424) 271-2304

info@SBVill.org

www.SouthBayVillage.org

Commercial Service Provider Application

Business Name		Date
Name of Contact Person		
Name of Business Owner		
Street Address		
City	State	Zip Code
Phone (Daytime)	Phone (After Hrs.)	
Cell Phone	Add'l Phone	
Email Address		
Website		
Material or Services Provided		
	One-Time Only Not able to SBV Members:	to give discount at this time
Please provide three (3) Business Reference	es/Recommendations:	
1. Name	Email (if known)	Phone
Address (optional) 2	Email (if known)	Phone
Address (optional)		
3. Name	Email (if known)	Phone
Address (optional)		
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1 Name	Email (if known)	Phone	
Address (optional)			
2			
Name	Email (if known)	Phone	
Address (optional)			
3	5 1160		
Name	Email (if known)	Phone	
Address (optional)			
General Liability Insurance:			
Insurance Company		Expiration Date	
Amount of Coverage		Type of Policy	
Bonding (if applicable):			
Bonding Company		Expiration Date	
Amount of Bond		_ Type of Bond	
Business Licenses:			
Certification(s)			
Service Specific Business Licen	se(s)		
Expiration Date(s)			
City Business License(s)			
Other			
Please attach a photocopy of Also, please attach your dated	the above items, so that we ma I Fee Schedule.	/ begin our approval process.	
		ed to enhancing the lives of its members who are 55 an	
	respects the confidentiality of an	is same excellent service through our referred providers y Member interaction, and requires providers to pledg	
Signature	Title		
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