

BUSINESS LICENSE APPLICATION

Business Name _____ Company Contact _____
(Owner / Manager)

Local Address _____
(Street) (City) (Zip)

Phone _____ Fax _____ E-Mail _____

Corporation Name (If Applicable) _____

Corporation Address _____
(Street) (City) (Zip)

Corporate Contact Person _____ Phone _____ Fax _____

Billing Address _____
(Street) (City) (Zip)

BUSINESS INFORMATION

Date Business Established _____ # of Employees _____ Union

Hours of Operation: Weekdays: _____ Weekends: _____

Business Website _____

Sales Volume (Check the appropriate Category)
 <\$100,000 \$100,000 to \$250,000 \$250,000 to \$1,000,000 >\$1,000,000

Business Type: (Please check the appropriate category)

- Retail
- Service
- Restaurant
- Distribution
- Home-Based
- Industrial SIC Code _____
- Tattoo/Massage
- Other

Briefly describe the nature of your business:
product, service provided, etc:

Fire Plan
Security Company: _____

Return this notice with payment to avoid late fees.
Date _____ Title _____ Signature _____
I declare, under penalty of perjury, that the information contained in this application is true and correct.

FOR OFFICE USE ONLY

A signature below qualifies the applicant for the above proposed Business License

Fire Department _____ Inspections Department _____

Planning Department _____ City Clerk Department _____

Personal Property No. _____ Business License No. _____