



CITY OF SOUTH PASADENA

1414 Mission Street
South Pasadena, California 91030
(626) 403-7257

BUSINESS LICENSE APPLICATION

- Please Check One*
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - Home Occupation

PLEASE TYPE OR PRINT CLEARLY, USING INK. ALL SECTIONS MUST BE COMPLETED **OFFICIAL USE ONLY**

Business Name _____

Corporate Name (if applicable) _____

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Phone No. _____ **Fax No.** _____

Description of Business _____

Please Check Appropriate Box For Your Type Of Business:

Retail / Wholesale Gardener Service Manufacturing Bus. By Vehicles Professional

Contractor Admin. Office Residential Prop. Rentals Commercial Property Rentals

Home Business

Business License No. _____

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

State ID No. _____

State Lic. No. _____

State Lic. Type _____

Expire Date _____

Email Address _____

Ownership Corporation Partnership
 Corp-Ltd Liability Trust
 Sole Proprietor

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Phone No.** _____

Home Address (Cannot be P.O. Box) _____ **Cell / Pager No.** _____

_____ **Driver Lic. No.** _____

_____ **Soc. Sec. No.** _____

2nd Owner Name _____ **Title** _____ **Phone No.** _____

Home Address (Cannot be P.O. Box) _____ **Cell / Pager No.** _____

_____ **Driver Lic. No.** _____

_____ **Soc. Sec. No.** _____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____ **Phone No.** _____

Address _____ **Cell/Pager No.** _____

Property Manager _____ **Phone No.** _____

Address _____ **Cell/Pager No.** _____

FOR OFFICE USE ONLY

Date Paid Tax Rate Code

Certificate # Receipt / Trans. #

Expiration Date Occupancy Permit #

SIC BCC

No. of Professional Employees

No. of Vehicles

No. of Units

No. of Employees

Liquor License Yes No

License Fee \$

Employee Fee \$

Unit Fee \$

Vehicle Fee \$

Water/BackFlow \$

B. I. T. \$

Application Fee \$

C.O.O. \$

Zone \$

Total Amount Due \$

APPROVED Building Inspector _____ Date _____

DENIED Business Inspector _____ Date _____

Fire Dept. _____ Date _____

If Residential/Commercial Property Rental Business, give total number of rental units.

List address below:

REASON FOR DENIAL: _____

PENALTY OF 5% PER MONTH OF ANNUAL FEE (SECTION 18.9) SPMC

I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

Signature of Owner or Representative: _____ Print Name: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SOUTH PASADENA.