



CITY OF SOUTH PASADENA

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

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

Home Occupation

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY, USING INK. ALL SECTIONS MUST BE COMPLETED

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.** _____

OFFICIAL USE ONLY

Business License No. _____

Bus. Start Date _____

Resale No. _____

Federal ID No. _____

State ID No. _____

State Lic. No. _____

State Lic. Type _____

Expire Date _____

Email Address _____

Description of Business _____

Please Check Appropriate Box For Your Type Of Business:

Retail / Wholesale Gardener Service Manufacturing Home Business Bus. By Vehicles Professional

Contractor Admin. Office Residential Prop. Rentals Commercial Property Rentals 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 _____ **Cell / Pager No.** _____
(Cannot be P.O. Box)

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

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

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

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: _____

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.

License Fee	\$
Employee Fee	\$
Vehicle Fee	\$
Water/BackFlow	\$
B. I. T.	\$
Application Fee	\$
C.O.O.	\$
Zone	\$
Penalty Fee	\$
State CASp Fee	\$ 1.00
Total Amount Due	\$

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

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.