



City of Burbank
COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING & SAFETY DIVISION
150 North Third Street • (818) 238-5280 • www.burbankca.gov
BUSINESS APPLICATION – BURBANK BASED

Mail & Make Checks Payable to:
City of Burbank
P.O. Box 6459
Burbank, CA 91510-6459
EMAIL: cdd-license@burbankca.gov

IMPORTANT TO NOTE: *This is only an application and is not proof of final approval of a license, permit, or tax certificate.*

INSTRUCTIONS: Please email completed application to cdd-license@burbankca.gov. Staff will add fees and return to you. You may mail payment to mailing address listed above or email credit card form to cdd-license@burbankca.gov

Initial Planning Review: <i>Preliminary review only- not an approval</i>	Zone:	OK for submittal <input type="checkbox"/> OK to issue <input type="checkbox"/>	By:	Date:
Comments:				
Reason for Application <input type="checkbox"/> New business to Burbank <input type="checkbox"/> Existing Burbank business - new location <input type="checkbox"/> Change of owners or officers <input type="checkbox"/> Add or drop business partners <input type="checkbox"/> Business name change <input type="checkbox"/> Change of type of business				
Date of Application:		Business Website/Email:		
Business Name:				
Business Address:				
Mailing Address (if different):				
Business Phone:	Business Fax:	Contact Person Phone:		
Contact Person Name:		Contact Person Email:		
Starting Date in Burbank or Date of Change:	Business Hours:	Number of W-2 Employees *:		
<i>*Any 1099 employees, associates or consultants must register for their own account separately.</i>				
Detailed Description of Business that will occur at <u>THIS</u> location (attach additional sheets if needed): 				
Will any physical changes be made to the building for this business (remodel, addition, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. A separate building permit will be required:				
Area occupied in gross square feet:		Total number of parking spaces on the property:		
Previous business at this location: If vacant, how long has this location space been vacant?				
Are there any other businesses located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.				
What type of business is it? Please check all that apply. <input type="checkbox"/> Assembly/Manufacturing <input type="checkbox"/> Auto Related (sales, repair, detailing, etc.) <input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching <input type="checkbox"/> Media Post-Production/Editing <input type="checkbox"/> Media Production/Studio <input type="checkbox"/> Medical/Dental Office <input type="checkbox"/> General Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Sales <input type="checkbox"/> Services, Personal or Business <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Wholesale Sales <input type="checkbox"/> Other				
Will the business use any machines or equipment other than typical office equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain.				

Type of Ownership ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership ☐ Trust ☐ Other

Social Security No. or Federal Employer ID No.

Corporate Name

Owners, Partners, or Corporate Officers (attach additional sheets if needed)

Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant Printed Name _____ Title _____

Applicant Signature _____ Date _____

FOR OFFICE USE

Fees subject to increase per annual adoption of the Burbank Fee Schedule

BUSINESS LICENSE		BUSINESS TAX	
APPLICATION FEE	\$ _____	REGIS/TRANSFER FEE	\$ _____
ZONING REIEW	\$ _____	ZONING REVIEW	_____
LICENSE FEE	\$ _____	BASE TAX	_____
TOTAL FEE	\$ _____	EMPLOYEE LEVY	_____
PRO-RATE	\$ _____	# _____ X \$ _____ =	_____
ADJUSTMENT AMT	\$ _____	TOTAL TAX	_____
CSA FEE	\$ _____	PRO-RATE	_____
TOTAL DUE	\$ _____	ADJUSTMENT AMT	_____
		CSA FEE	_____
		TOTAL DUE	_____

NOTES/COMMENTS: