

City of Burbank

Community Development Department – Building Division 150 North Third Street • 818-238-5280 • www.burbankca.gov

BUSINESS APPLICATION – BURBANK BASED

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

Initial Planning Revie Preliminary review only- not a		Zone:		OK for submittal OK to issue		Ву:		Date:		
Comments:										
Reason for Application										
☐ New business to Burbank		ficers								
☐ Existing Burbank business – new location ☐ Add or drop business pa						artners Change of type of business				
Date of Application:						Business Website/Email:				
Business Name:										
Business Address:										
Mailing Address (if different):										
Business Phone:	Business Fa	x:			Contact Person Phone:					
Contact Person Name:					Contact Person Email:					
Starting Date in Burbank			Business		Number of \					
or Date of Change: Hours:					Employees *:					
*An	y 1099 emplo	oyees, ass	ociates or a	consultants must reg	ister for their	own accoun	t separately.			
Detailed Description of Business that will occur at THIS location (attach additional sheets if needed):										
				. , , , , , , , , , , , , , , , , , , ,			.,			
Will any physical changes be made to the building for this business (remodel, addition, etc.)? Yes 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? \Box Yes \Box No If yes, please list.										
What type of business is it? Please check all that apply.										
☐ Assembly/Manufacturing						☐ Restaurant				
\square Auto Related (sales, repair, detailing, etc.)						☐ Retail Sales				
\square Instructing/Teaching/Tutoring/Coaching						☐ Services. Personal or Business				
☐ Media Post-Production/Editing						☐ Warehouse/Storage				
☐ Media Production/Studio					☐ Wholesale Sales					
☐ Medical/Dental Office ☐ C										
☐ General Office										
Will the business use any ma	chines or eq	uipment c	ther than	typical office equipm	ent? \square Yes	☐ No				
If yes, please explain.										

Type of Ownership: □	Corporation 🗆 LLC	l Partnership □ Sol	e 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's Printed Name										
Applicant's Signat			Date							
FOR OFFICE USE										
Fees subject to increase per annual adoption of the Burbank Fee Schedule BUSINESS LICENSE BUSINESS TAX										
APPLICATION FEE	\$				D:					
ZONING REVIEW	\$	ZONING REVIEW			DDE:					
LICENSE FEE	\$	BASE TAX	ACCOUN		T NO:					
PRO-RATE	\$	EMPLOYEE LEVY	,	ISSUE DATE:						
ADJUSTMENT AMT	\$	#X\$	=							
CSA FEE	\$	PRO-RATE								
TOTAL DUE IF BY CASH OR CHECK	: \$	ADJUSTMENT AI	MT							
2% ADMIN FEE	\$	CSA FEE								
TOTAL DUE IF BY CARD	\$	TOTAL DUE IF BY CASH OR	CHECK							
		2% ADMIN FEE								
		TOTAL DUE IF BY CAR	RD							
NOTES/COMMENTS:										