



**City of Burbank**  
**Community Development Department – Building Division**  
 150 North Third Street • (818) 238-5280 • License@burbankca.gov • 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.***

<b>Initial Planning Review:</b> Preliminary review only- not an approval	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"/> Change of owners or officers		<input type="checkbox"/> Business name change
<input type="checkbox"/> Existing Burbank business – new location		<input type="checkbox"/> Add or drop business partners		<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"/> Restaurant		
<input type="checkbox"/> Auto Related (sales, repair, detailing, etc.)		<input type="checkbox"/> Retail Sales		
<input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching		<input type="checkbox"/> Services. Personal or Business		
<input type="checkbox"/> Media Post-Production/Editing		<input type="checkbox"/> Warehouse/Storage		
<input type="checkbox"/> Media Production/Studio		<input type="checkbox"/> Wholesale Sales		
<input type="checkbox"/> Medical/Dental Office		<input type="checkbox"/> Other		
<input type="checkbox"/> General Office				
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:
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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** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE**  
**Fees subject to increase per annual adoption of the Burbank Fee Schedule**

BUSINESS LICENSE	BUSINESS TAX	
APPLICATION FEE \$ _____	Registration/Change Fee \$ _____	DATE PAID: _____
ZONING REVIEW \$ _____	ZONING REVIEW _____	CLASS CODE: _____
LICENSE FEE \$ _____	BASE TAX _____	ACCOUNT NO: _____
PRO-RATE \$ _____	EMPLOYEE LEVY _____	ISSUE DATE: _____
ADJUSTMENT AMT \$ _____	# _____ X \$ _____ = _____	
CSA FEE \$ _____	PRO-RATE _____	
2% Credit Card Fee \$ _____	ADJUSTMENT AMT _____	
<b>TOTAL DUE</b> \$ _____	CSA FEE _____	
	2% Credit Card Fee _____	
	<b>TOTAL DUE</b> _____	

**NOTES/COMMENTS:**