



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

PLEASE PRINT ALL INFORMATION

Reason for Application

- | | | |
|--|---|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> Business Name Change | <input type="checkbox"/> Change in Type of Business |
| <input type="checkbox"/> Business Moving to New Location | <input type="checkbox"/> Add or Drop Business Partner | <input type="checkbox"/> Change in Type of Ownership |

Date of Application:

Business Name:

Business Address:
(Include City/State/Zip)

Mailing Address (if different)

Corporate Name:

Business Phone:

Email / Web Address:

Business FAX:

Contact Person Name:

Contact Person Phone:

Detailed Description of Business (attach additional sheets if needed):

Approx. Starting Date of Business in Burbank OR
Date of Change to Account:

No. of Employees Working in Burbank:

Type of Ownership: Corporation LLC Partnership Sole Ownership Trust Other: _____

Social Security or Federal ID Number:

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

Name:

Title:

Home Address:

Phone:

Driver License No.:

Email:

Name:

Title:

Home Address:

Phone:

Driver License No.:

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** _____

Office Use Only

APPLICATION FEE	\$ _____	DATE PAID	_____	BASIC TAX	\$ _____
LICENSE FEE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	
PRO-RATE	\$ _____	BUSINESS ACCT NO.	_____	_____ X \$ _____ = \$ _____	
ADJUSTMENT	\$ _____	ZONE	_____	PRO-RATE	\$ _____
CSA FEE	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	REGISTRATION OR CHANGE FEE	\$ _____
CREDIT CARD 2%	\$ _____			ADJUSTMENT AMOUNT	\$ _____
TOTAL DUE	\$ _____			CA State Access. Fee	\$ _____
				CREDIT CARD 2%	\$ _____
				TOTAL DUE	\$ _____

<u>APPROVALS</u>	DATE	APPROVED	BY	DATE
TO BUILDING	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____
LICENSE / CERTIFICATE ISSUED				

LIST OF VEHICLES LICENSED IN BURBANK			
YEAR	MAKE OF VEHICLE	MODEL OR TYPE	LICENSE PLATE NUMBER

Notes and Comments