



City of Burbank
Community Development Department
BUILDING & SAFETY DIVISION
150 N. Third Street, Burbank, CA 91502
818-238-5280

ACCT _____ BL _____

BUSINESS LICENSE RENEWAL APPLICATION: ESCORT BUSINESS

PLEASE PRINT

Name: _____ Date: _____

Business Name: _____

Business Address: _____ Phone _____

Description of Business: _____

Form of Ownership: Sole Proprietor Partnership Ltd. Partnership Corporation LLC
(Provide copy of agreement, certificate, Article of Incorporation)

IF CORPORATION, list name and address of designated agent for service of process:

NAMES OF ADDRESSES OF OWNERS, PARTNERS, MANAGERS OR OFFICERS::

Name _____ Title _____ Phone _____

Residence Address _____

Business Address _____

SSN _____ Date of Birth _____

Have you had a conviction, forfeiture of bond, or plea of nolo contendere to any criminal violation or City ordinance violation (except minor traffic violations) within the past five years? Yes _____ No _____

If yes, please provide Court location, specific charge and sentence imposed: _____

Name _____ Title _____ Phone _____

Residence Address _____

Business Address _____

SSN _____ Date of Birth _____

Have you had a conviction, forfeiture of bond, or plea of nolo contendere to any criminal violation or City ordinance violation (except minor traffic violations) within the past five years? Yes _____ No _____

If yes, please provide Court location, specific charge and sentence imposed: _____

Name _____ Title _____ Phone _____

Residence Address _____

Business Address _____

SSN _____ Date of Birth _____

Have you had a conviction, forfeiture of bond, or plea of nolo contendere to any criminal violation or City ordinance violation (except minor traffic violations) within the past five years? Yes _____ No _____

If yes, please provide Court location, specific charge and sentence imposed: _____

List business history for the past five years and each location where business took place:

I hereby authorize the City of Burbank, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application. Also, I hereby acknowledge that the foregoing information provided by me is true and correct under penalty of perjury. I further understand any false or withheld information is grounds for denial or revocation of this business license or permit.

Signature _____ Date _____

Print Name _____

FOR OFFICE USE ONLY

	Approved	By	Date
	Yes No		
Police Dept.	<input type="checkbox"/> <input type="checkbox"/>	_____	_____