



City of Burbank
BUILDING & SAFETY DIVISION
 150 N. Third St., Burbank, CA 91502
 818-238-5280

Account No.: _____
BL _____

BUSINESS LICENSE RENEWAL APPLICATION: PRIVATE AMBULANCES

Business Name _____

Owner Name _____

Business Address _____ Phone _____

PLEASE RETURN THIS FORM WITH PAYMENT BY **JULY 31** OF THIS YEAR AND THE FOLLOWING DOCUMENTS:

- A copy of your current insurance certificate and additional insured endorsements. Burbank Municipal Code Section 3-4-1307 requires that current insurance be maintained in full force at all times for Private Ambulance services. Your Certificate of Insurance should show the following coverage: \$1 million general liability, \$ 1 million professional liability and \$1 million for auto liability, and an Additional Insured Endorsement (AIE) naming the City as an additional insured FOR EACH INSURANCE POLICY. The AIE form can be either the City’s form or a standard ISO CG2012 form.
- Copy of your County of Los Angeles Ambulance Operator Business License.
- List of vehicles working in Burbank (Use additional sheets if necessary.)

YEAR	MAKE	MODEL	VIN #	LICENSE #
TOTAL NUMBER:				

I hereby certify under penalty of perjury that the foregoing information is true and correct, and I understand any false or withheld information is grounds for denial and/or revocation of this business license or permit.		
Signature of Owner _____	Print Name _____	Date _____