



CITY OF BURBANK  
**BUILDING & SAFETY DIVISION**  
 150 N. Third Street, Burbank, CA 91502  
 818-238-5280

Account No.: _____
BL _____

**BUSINESS LICENSE RENEWAL: MASSAGE ESTABLISHMENT**

**PLEASE PRINT**

Date of Application \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Form of Ownership:  Sole Proprietor  Partnership  Ltd. Partnership  Corporation  LLC

Names and Addresses of owners, partners or officers:

Name	Title	Residence Address	Phone
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name and Address of responsible managing officer:

Name	Title	Residence Address	Phone
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_____	_____	_____	_____
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Do you own or operate any other businesses in Burbank? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please list:

_____
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Have you or other principals ever had a business license, permit, or certification denied, revoked or suspended? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain: \_\_\_\_\_

_____
_____

Since your last renewal, have you had a conviction, forfeiture of bond, or plea of nolo contendere upon any criminal violation or City ordinance violation (except minor traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, the place and court in which such conviction, plea or forfeiture was heard, the specific charge, and the sentence imposed as a result thereof: \_\_\_\_\_

_____
_____

I hereby authorize the City of Burbank, its agents and employees to see 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, and I further understand any false or withheld information is grounds for denial or revocation of this business license or permit:

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_