



City of Burbank
Community Development Department
150 North Third Street, P.O. Box 6459, Burbank, California, 91510-6459
www.burbankca.gov

**SUPPLMENTAL BUSINESS LICENSE RENEWAL APPLICATION:
DAY NURSERY**

1. PLEASE RETURN THIS FORM WITH YOUR BILL AND PAYMENT PRIOR TO JULY 31 OF THIS YEAR.

2. PLEASE ANSWER THE FOLLOWING QUESTION(S):

Number of CHILDREN in your care? _____

If this number is different than what was approved on your original application or the front of this bill, a new application may be required. Please contact our office at 818-238-5280.

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 _____

Thank you,

BUILDING & SAFETY DIVISION,
Community Development Department
