



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

Account No.: _____
BL _____

BUSINESS LICENSE RENEWAL APPLICATION: TAXI BUSINESS

PLEASE PRINT

Date of Application _____

Business Name _____ Phone _____

Brand Name(s): _____

Business Address _____

Mailing Address (if different) _____

TYPE OF OWNERSHIP:

Sole Proprietor Corporation Partnership Limited Partnership LLC Other _____

(For initial application or changes, please provide copy of new partnership agreement or articles of incorporation)

Federal Tax ID Number _____ Start Date of Business in Burbank _____

Number of taxis to be operated in Burbank : _____

Description of services to be provided: _____

Name, address and phone number of responsible managing officer: _____

For corporations, the name, address and phone of designated agent for service of process: _____

Name of Insurance Company and Policy (Provide copy of policies and Additional Insured Endorsement):

Name _____	Policy# _____	Address, City, State, Zip _____	Phone _____
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NAMES OF ADDRESSES OF OWNERS, PARTNERS, MANAGERS OR OFFICERS (Use additional sheets if necessary):

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 _____

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