



City of Burbank
Community Development Department – Building Division
 150 North Third Street / 818-238-5280 / www.burbankca.gov

Mail and Make Checks Payable to:
 City of Burbank
 Building Division
 P.O. Box 6459
 Burbank, CA 91510-6459

COMMERCIAL / RESIDENTIAL RENTAL BUSINESS APPLICATION

Type of Business: Commercial Rental Residential Rental

PLEASE PRINT ALL INFORMATION

Date of Application: _____

Owner's Name: _____

Address of Rental Property: _____

Zip Code: _____

Owner's Mailing Address and Phone:

Street Address /PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Effective Date of Ownership: _____

Type of Ownership: Corporation LLC Partnership Sole Ownership Trust Other: _____

Social Security or Federal ID Number: _____

Owners, Partners or Corporate Officers: (attach additional sheets if needed)

Name: _____	Title: _____
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Home Address: _____

Phone: (_____) _____	Driver License No.: _____	Email: _____
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Name: _____	Title: _____
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Home Address: _____

Phone: (_____) _____	Driver License No.: _____	Email: _____
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IF RESIDENTIAL RENTAL BUSINESS – COMPLETE THE FOLLOWING:

Number of Units: _____

Does Owner Occupy a Unit?: Yes No

IF COMMERCIAL RENTAL BUSINESS – COMPLETE THE FOLLOWING:

Total Area of Building Rented in Square Feet: _____

I certify under penalty of perjury that the foregoing statements are true and correct.

Applicant's Printed Name _____ **Title** _____

Applicant Signature _____ **Date** _____

Basic Tax _____

Added Levy _____

Pro-rated Amount _____

Adjustment Amount _____

Registration Fee _____

CSA Fee _____

Total Due _____

OFFICE USE ONLY

Business Account Number _____

Date _____

Certificate Issued by _____

Tax Per Unit _____

Tax Amount _____

Adjustment Amount _____

Registration Fee _____

Total Due _____