



CITY OF SAN FERNANDO
 117 Macneil Street, San Fernando, CA 91340-2993 - (818) 898-1211

- Please Check One*
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - Home Occupation

BUSINESS LICENSE APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF SAN FERNANDO (PLEASE PRINT OR TYPE)

Business Name _____ Corporate Name (if applicable) _____ Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small> _____ Mailing Address _____ _____ Phone No. _____ Fax No. _____ Description of Business _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust Business Use <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Office Occupancy Data <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Share <input type="checkbox"/> Sublease Landlord's Name & Address _____	OFFICIAL USE ONLY Business License No. _____ SIC/NAIC CODE _____ Location Code _____ Bus. Start Date _____ Resale No. _____ Federal ID No. _____ State ID No. _____ State Lic. No. _____ State Lic. Type _____ Expire Date _____ Email Address _____ No. of Employees _____
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Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____	
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No.	_____
	_____	Soc. Sec. No.	_____
Home Phone No.	_____	Cell / Pager No.	_____
2nd Owner Name	_____	Title	_____
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No.	_____
	_____	Soc. Sec. No.	_____
Home Phone No.	_____	Cell / Pager No.	_____

In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

Alarm Company, if applicable (attach additional sheet, if necessary)

Company Name _____	License No. _____
Address _____	Phone No. _____

	Description	Amount	Code
Amusement Devices: Yes _____ No _____ Qty _____	Base Rate		
Vending Machines: Yes _____ No _____ Qty _____	Parking Improvement Area "A"		
Rental Units: Yes _____ No _____ Qty _____	Business Improvement Area "B"		
Tobacco Sales: Yes _____ No _____	Mall Maintenance: _____ feet @ \$_____		
Alcohol Sales: Yes _____ No _____	Processing Fee	\$22.00	
Storage of Flammable/Hazardous Materials: Yes _____ No _____ Type _____	Total Due		

Thank you for doing business in the City of San Fernando

AFFIDAVIT: I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature of Owner or Officer: _____ Date: _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SAN FERNANDO.