

New
Renewal
Change

Business License Application

Categ.
Acct. #
Exp. Date

City of Palmdale
38250 Sierra Hwy.
Palmdale, CA 93550
(661) 267-5434
Fax (661) 267-5233

BusinessLicense@cityofpalmdale.org

Complete all items (on both sides of this application) that pertain to your business. Submit copies that pertain to the business – Health Permit, State License, ABC, SBOE, DBA, etc.

Business Name (DBA)				
Corporate Name (only if you have one)				
Business Address	Street	City	State	Zip
Mailing Address (only if different from business address)	Street	City	State	Zip
Business Phone #	Emergency Phone #	Email Address		

Describe the exact nature of kind of business for which a license is requested, including each separate and distinct type of business to be conducted on the premises under the same ownership.

Will you be selling Tobacco? _____ **Will you be selling / or serving Alcohol?** _____

State Tobacco Permit # _____ ABC License # _____

Type of Business:

Retail
Wholesale
Professional
Service
Rental
Mfg.

Number of: Employees _____ Vehicles _____ Rental Units _____

**Coin Operated Machines _____ **Laundry Machines _____ **Pool Tables _____

(*Please attach a list of locations for these items)

Please provide the following information only if it applies to your business:

State Board of Equalization # _____

Federal Employer # _____ State Tax ID # _____

State License # _____ Exp. Date _____

Contractor Classification _____

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OFFICE USE ONLY

Home Occ # _____ Occ Review # _____ CUP # _____

Planners Initials _____ Planners Initials _____

Please check type of ownership and provide the information requested on the lines below.

SOLE OWNER: (Please list name, home address, home phone #, Social Security #, and Drivers License #.)

PARTNERSHIP: (Please list names, home addresses, home phone #'s, Social Security #'s, Drivers License #'s of each general partner.)

CORPORATION: (Please submit a copy of the Articles of Incorporation.)

The name shall be exactly as set forth in its articles of incorporation. Additionally, there shall be included the names and addresses and phone number, of all directors, any stockholder holding ten (10%) percent or more of the shares of the corporation, and the name, home address, and home phone number of an officer who is duly authorized to accept service of legal process.

Manager's name and telephone number for residential or commercial rentals only.

On September 19, 2012, Governor Jerry Brown signed into law Senate Bill 1186 (Steinberg, Disability Access). Part of the legislation established the Disability Access and Education Revolving Fund as set forth in Government Code Section 4465, et seq which adds a state fee of \$1 to all new local business licenses or renewal thereof. Effective January 1, 2013, the City will begin collecting this fee on behalf of the state as required by Government Code Section 4467.

The purpose of the fee is to provide a funding source for increased disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with the federal and state disability laws. Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

- The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx.
- The Department of Rehabilitation at www.rehab.cahwnet.gov.
- The California Commission on Disability Access at www.cdda.ca.gov.

I declare under penalties of perjury that this application is true and correct to the best of my knowledge and belief.

Print Name	Signature	Title	Date
Print Name	Signature	Title	Date

.....
Office use only

CC Amt _____ Cash Amt _____ Ck Amt & Ck No. _____ Receipt # _____

Date _____ Initials _____