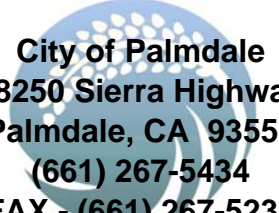


New
Renewal
Change

# Business License Application

Trade Cat
App. #
Exp Date


  
**City of Palmdale**  
**38250 Sierra Highway**  
**Palmdale, CA 93550**  
**(661) 267-5434**  
**FAX - (661) 267-5233**

**COMPLETE ALL ITEMS THAT PERTAIN TO YOUR BUSINESS ON BOTH SIDES OF THE APPLICATION.**  
**SUBMIT COPIES THAT PERTAIN TO THE BUSINESS - HEALTH PERMIT, STATE LICENSE, ABC, SBOE, DBA, ETC.**  
**\*\*\*\*\*PLEASE INCLUDE PAYMENT WITH THE APPLICATION\*\*\*\*\***

Business Name (DBA)				
Corporate Name				
Business or Property Address	Street	City	State	Zip
Mailing Address	Street	City	State	Zip
Business Phone #	Emergency Phone #			

Describe the exact nature or 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.

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**Type of Business:**

Retail    
  Wholesale    
  Professional    
  Service    
  Rental    
  Mfg

**Number of:**

Employees    
  Vehicles    
  Rental Units    
  \*\* Video Machines  
 \*\*Coin Operated Machines    
  \*\* Laundry Machines    
  \*\*Pool Tables

\*\* Items - Please attach a list of locations

State Board of Equalization #		SIC Code	
Federal Employer #		State Tax I.D. #	
*State License #		Exp. Date:	*Contractor Classification
*Home Occ	OCC Review	*Temp Per	ABC
*Health Permit	*DBA	*Auto Ins.	

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

**SOLE OWNER:** (Please list name, home address, home phone #, SSN, and CDL #.)

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**PARTNERSHIP:** (Please list names, home addresses, home phone #'s, SSN's, CDL #'s of each general partner.)

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**CORPORATION:** (Please also 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.

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

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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

**DO NOT WRITE BELOW THIS LINE**

Cash \$	Check \$	Check #
Receipt #	Date	Initials
Payment Input	Date License Mailed	