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



Contact us via email at:
BusinessLicense@cityofpalmdale.org

## APPLICATION FOR BUSINESS LICENSE OUT OF CITY CONTRACTORS

BUSINESS NAME:	USINESS NAME:			BUSINESS PHONE:		
BUSINESS ADDRESS:						
	(No P.O. Boxes or Personal Mail Boxes – PMB. Please include Suite#)					
	City		State	Zip Code		
MAILING ADDRESS:						
	City		State	Zip Code		
E-MAIL ADDRESS:						
DATE BUSINESS STARTED/ O	R WILL STAF	RT IN PALMDALE:				
ORGANIZATION TYPE:						
APPLICANT NAME/ADDRESS:	(Owner, or if P	artnership / Corp., please give	names of Partner	rs or Corp. officers)		
NAME1	NAME2		NAME3			
ADDRESS1	ADDRESS2		ADDRESS3			
CITY1 STATE1 ZIP1	CITY2	STATE2 ZIP2	CITY3	STATE3 ZIP3		
PHONE1	PHONE2		PHONE3			
BUSINESS DESCRIPTION (please	be specific):					
PROVIDE THE FOLLOWING WHE	N APPLICABL	 E:				
SELLERS PERMIT / BOE		STATE EMPLOYER IDENTIFICATION NUMBER	CA DRIVERS LICENSE			
			SOCIAL SECURITY NUMBER			
This business license <u>application</u> do is approved. At that time, you will be business license via the internet. You	furnished a bu	siness license number and a li	ink you may use t	o tender payment for your		
EXECUTED THIS DAY		I,				
(Day)	(Mon th)	(Year)	•	int full name)		
BY SUBMITTING THIS APPLICATION, I ACCEPT	I LE CONDITIONS AL	TITLE:	UKT THE FUKEGUING	IS TRUE AND CURRECT.		