



CITY OF SOUTH PASADENA

1414 Mission Street
 South Pasadena, California 91030
 (626) 403-7257

Please Check One

New Application

Change of Owner

Change of Address

Change of Business Name

Home Occupation

BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY, USING INK. ALL SECTIONS MUST BE COMPLETED OFFICIAL USE ONLY

<p>Business Name _____</p> <p>Corporate Name (if applicable) _____</p> <p>Business Location _____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small></p> <p>Mailing Address _____</p> <p>Phone No. _____ Fax No. _____</p> <p>Description of Business _____</p> <p>Please Check Appropriate Box For Your Type Of Business:</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Retail / Wholesale</td> <td><input type="checkbox"/> Gardener</td> <td><input type="checkbox"/> Service</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Home Business</td> <td><input type="checkbox"/> Bus. By Vehicles</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Admin. Office</td> <td><input type="checkbox"/> Residential Prop. Rentals</td> <td><input type="checkbox"/> Commercial Property Rentals</td> <td></td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Retail / Wholesale	<input type="checkbox"/> Gardener	<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Home Business	<input type="checkbox"/> Bus. By Vehicles	<input type="checkbox"/> Professional	<input type="checkbox"/> Contractor	<input type="checkbox"/> Admin. Office	<input type="checkbox"/> Residential Prop. Rentals	<input type="checkbox"/> Commercial Property Rentals				<p>Business License No. _____</p> <p>Bus. Start Date _____</p> <p>Resale No. _____</p> <p>Federal ID No. _____</p> <p>State ID No. _____</p> <p>State Lic. No. _____</p> <p>State Lic. Type _____</p> <p>Expire Date _____</p> <p>Email Address _____</p> <p>Ownership</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Corp-Ltd Liability</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietor</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp-Ltd Liability	<input type="checkbox"/> Trust	<input type="checkbox"/> Sole Proprietor	
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Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

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

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

<p>Contact Name _____</p> <p>Address _____</p> <p>Property Manager _____</p> <p>Address _____</p>	<p>Phone No. _____</p> <p>Cell/Pager No. _____</p> <p>Phone No. _____</p> <p>Cell/Pager No. _____</p>
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<p>*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.</p> <p>NOTICE: 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.</p>	<p>No. of Professional Employees <input type="text"/></p> <p>No. of Vehicles <input type="text"/></p> <p>No. of Units <input type="text"/></p> <p>No. of Employees <input type="text"/></p> <p>Liquor License <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Residential/Commercial Property Rental Business, give total number of rental units.</p> <p>List address below: _____ _____ _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>License Fee</td><td>\$</td></tr> <tr><td>Employee Fee</td><td>\$</td></tr> <tr><td>Vehicle Fee</td><td>\$</td></tr> <tr><td>Water/BackFlow</td><td>\$</td></tr> <tr><td>B. I. T.</td><td>\$</td></tr> <tr><td>Application Fee</td><td>\$</td></tr> <tr><td>C.O.O.</td><td>\$</td></tr> <tr><td>Zone</td><td>\$</td></tr> <tr><td>Penalty Fee</td><td>\$</td></tr> <tr><td>*State CASp Fee</td><td>\$ 1.00</td></tr> <tr><td>Total Amount Due</td><td>\$</td></tr> </table>	License Fee	\$	Employee Fee	\$	Vehicle Fee	\$	Water/BackFlow	\$	B. I. T.	\$	Application Fee	\$	C.O.O.	\$	Zone	\$	Penalty Fee	\$	*State CASp Fee	\$ 1.00	Total Amount Due	\$
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REASON FOR DENIAL: _____

PENALTY OF 5% PER MONTH OF ANNUAL FEE (SECTION 18.9) SPMC

APPROVED DENIED

<p>I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.</p> <p>Signature of Owner or Representative: _____ Print Name: _____ Date: _____</p> <p style="text-align: center;">RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SOUTH PASADENA.</p>	<p>Building Inspector _____ Date _____</p> <p>Business Inspector _____ Date _____</p> <p>Fire Dept. _____ Date _____</p>
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