



# License & Permit Master Application

Please answer the following questions as completely and legibly as possible. Supplemental information may be required for various permits and licenses; fill out the corresponding section or form as necessary on the following pages. Please read the instructions on all supplemental forms as they may require additional documentation for processing.

**PART 1 – BUSINESS INFORMATION**  Use as Primary Mailing Address

A. Business name and DBA: \_\_\_\_\_

B. Business address: \_\_\_\_\_  
Street Address Suite/Unit Number City Zip Code

C. Describe the business activities in detail: \_\_\_\_\_

**PART 2 – PERMIT AND LICENSE INFORMATION**

**A. Type of License or Permit**

<input type="checkbox"/> Advertising Distribution (L-106)	<input type="checkbox"/> Kennel (L-103)
<input type="checkbox"/> Advertising Machine	<input type="checkbox"/> Live Entertainment (L-106)
<input type="checkbox"/> Amplified Sound (L-104)	<input type="checkbox"/> Massage (L-110)
<input type="checkbox"/> Arcade Device (L-102)	<input type="checkbox"/> Outdoor Merchandising (L-112)
<input type="checkbox"/> Arcade Establishment (L-102)	<input type="checkbox"/> Pawnbroker
<input type="checkbox"/> Arts and Entertainment (L-108)	<input type="checkbox"/> Peddler
<input type="checkbox"/> Auto Wrecking	<input type="checkbox"/> Place of Amusement (L-106)
<input type="checkbox"/> Auto Park	<input type="checkbox"/> Secondhand Dealer
<input type="checkbox"/> Billiard Room (L-106)	<input type="checkbox"/> Self Service Laundry
<input type="checkbox"/> Bingo (L-105)	<input type="checkbox"/> Smoking Permitted Area
<input type="checkbox"/> Business Registration	<input type="checkbox"/> Soliciting (L-111)
<input type="checkbox"/> Commercial Stable (L-113)	<input type="checkbox"/> Tobacco Retail Sales
<input type="checkbox"/> Dance (L-106)	<input type="checkbox"/> Transportation (L-107)
<input type="checkbox"/> Dog/Cat (L-103)	<input type="checkbox"/> Wholesale Delivery
<input type="checkbox"/> Driver	<input type="checkbox"/> Other _____

**Part 3 – DETAILED INFORMATION**

**A. Specific Information**

First time Registration?  Yes  No  
 Renewal?  Yes  No  
 New Business?  Yes  No  
 First Time in Glendale?  Yes  No  
 Ever had a permit denied?  Yes  No  
 Previous License/permit Issued?  Yes  No  
 If yes, Previous License/Permit # \_\_\_\_\_  
 Are You Sharing Space?  Yes  No  
 If yes, with whom? \_\_\_\_\_  
 Primary Lessee's UO/PZUC No. \_\_\_\_\_  
 Occupancy Floor Area (Sq. Ft.) \_\_\_\_\_  
 Days/Hours of Operation \_\_\_\_\_

Have you or any members listed on this page ever been convicted of a felony?  Yes  No

**PART 4 – APPLICANT INFORMATION**  Use as Primary Mailing Address

A. Title -  Owner  President  Officer or CEO  Business Representative

B. \_\_\_\_\_ C. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address

D. \_\_\_\_\_ E. \_\_\_\_\_  
Mailing/Street Address City State Zip Code Area Code - Phone Number

**PART 5 – ADDITIONAL APPLICANT INFORMATION**  Use as Primary Mailing Address

A. Title -  Co-Owner/Partner  Officer  Corporate Contact

B. \_\_\_\_\_ C. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address

D. \_\_\_\_\_ E. \_\_\_\_\_  
Mailing/Street Address City State Zip Code Area Code - Phone Number

**PART 6 – PROPERTY OWNER INFORMATION (if not the applicant)**

A. \_\_\_\_\_ B. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address

C. \_\_\_\_\_ D. \_\_\_\_\_  
Mailing Address City State Zip Code Area Code - Phone Number

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit. I understand that it is my responsibility to inform the City of Glendale of any changes to any information on this application or any attached forms or documents.

Applicant's Signature (must be of the applicant listed on Part 4B) \_\_\_\_\_ Date \_\_\_\_\_