



Business Ownership Disclosure Supplement

Please print or type this form in its entirety and submit it with your completed application documents if necessary. This document and any attached sheets MUST be notarized.

CORPORATION:
Date of Incorporation: _____ State of Incorporation: _____ Corporate ID number: _____
President's Name: _____ Vice President's Name: _____
Secretary's Name: _____ Treasurer's Name: _____
Agent for Service of Process: _____
Agent's Address: _____
Is your firm a publicly traded corporation: Yes No
For any person, firm or entity who owns 25% or more of the corporation's stock, identify the individual, firm or entity and the corresponding percentage of ownership:
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____

LIMITED LIABILITY COMPANY:
Date of formation: _____ State of Formation: _____
Secretary of State's File or ID number: _____
Chief Executive Officer's Name: _____
Name of Manager(s): _____
Agent for Service of Process: _____
Agent's Address: _____
For any person, firm or entity whose ownership or membership interest in the company exceeds 25%, identify the individual, firm or entity and the corresponding percentage of ownership or members:
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____

If your firm is other than the type listed above, such as a joint venture, consortium, trust, association or other combination, describe the business organization or structure, identify the principals, and list their corresponding percentage of ownership or control:
Description of business organization or structure: _____

Principals and their corresponding percentage of ownership or control:
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____
Name: _____ Percent: _____

If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules, and regulations of the City of Glendale. 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 the license. In addition, I agree to advise the City of Glendale of any and all changes in the operations of the business in that such changes of the application form are necessitated.

Applicant's Signature

Title

Date