

Please answer the following questions completely and legibly. 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 instruction sheet for this and all supplemental forms first as additional documentation may be required 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. Business phone number: _____ D. Website: _____

E. Describe business activities in detail: _____

<p>PART 2 – LICENSE & PERMIT INFORMATION</p> <p>A. Type of License or Permit</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Advertising Distribution (L-106)</td> <td><input type="checkbox"/> Secondhand Dealer</td> </tr> <tr> <td><input type="checkbox"/> Amplified Sound (L-104)</td> <td><input type="checkbox"/> Smoking Permitted Area</td> </tr> <tr> <td><input type="checkbox"/> Arcade Device (L-102)</td> <td><input type="checkbox"/> Soliciting (L-111)</td> </tr> <tr> <td><input type="checkbox"/> Arcade Establishment (L-102)</td> <td><input type="checkbox"/> Tobacco Retail Sales</td> </tr> <tr> <td><input type="checkbox"/> Arts and Entertainment (L-108)</td> <td><input type="checkbox"/> Transportation (L-107)</td> </tr> <tr> <td><input type="checkbox"/> Billiard Room (L-106)</td> <td><input type="checkbox"/> Wholesale Delivery</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Dance (L-106)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dog/Cat (L-103)</td> <td>Existing use: _____</td> </tr> <tr> <td><input type="checkbox"/> Driver</td> <td>Proposed use: _____</td> </tr> <tr> <td><input type="checkbox"/> Kennel (L-103)</td> <td>Tax ID #: _____</td> </tr> <tr> <td><input type="checkbox"/> Live Entertainment (L-106)</td> <td>Employer ID #: _____</td> </tr> <tr> <td><input type="checkbox"/> Massage (L-110)</td> <td># of employees onsite: _____</td> </tr> <tr> <td><input type="checkbox"/> Outdoor Merchandising (L-112)</td> <td># of seats for patrons: _____</td> </tr> <tr> <td><input type="checkbox"/> Peddler</td> <td>Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Advertising Distribution (L-106)	<input type="checkbox"/> Secondhand Dealer	<input type="checkbox"/> Amplified Sound (L-104)	<input type="checkbox"/> Smoking Permitted Area	<input type="checkbox"/> Arcade Device (L-102)	<input type="checkbox"/> Soliciting (L-111)	<input type="checkbox"/> Arcade Establishment (L-102)	<input type="checkbox"/> Tobacco Retail Sales	<input type="checkbox"/> Arts and Entertainment (L-108)	<input type="checkbox"/> Transportation (L-107)	<input type="checkbox"/> Billiard Room (L-106)	<input type="checkbox"/> Wholesale Delivery	<input type="checkbox"/> Business Registration	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dance (L-106)		<input type="checkbox"/> Dog/Cat (L-103)	Existing use: _____	<input type="checkbox"/> Driver	Proposed use: _____	<input type="checkbox"/> Kennel (L-103)	Tax ID #: _____	<input type="checkbox"/> Live Entertainment (L-106)	Employer ID #: _____	<input type="checkbox"/> Massage (L-110)	# of employees onsite: _____	<input type="checkbox"/> Outdoor Merchandising (L-112)	# of seats for patrons: _____	<input type="checkbox"/> Peddler	Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>PART 3 – DETAILED INFORMATION</p> <p>A. Specific Information</p> <p>New business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First time in Glendale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ever had a permit denied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous license/permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, previous license/permit # _____</p> <p>Are you subleasing your space? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, with whom? _____</p> <p>Primary lessee's BRC #: _____</p> <p>Occupancy floor area (Sq. Ft.): _____</p> <p>Days/Hours of operation: _____</p> <p>Do you have outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you or anyone listed on this page ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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

OTHER LICENSES MAY BE REQUIRED – SEE REVERSE SIDE

In addition to a Business Registration Certificate, depending on your businesses activities, you may be required to obtain other City licenses. These licenses are separate from any other County, State, or Federal licenses that you may be required to obtain. To help you determine which additional licenses you may be required to obtain, answer the following questions. If you answer yes to any of them, inform staff so they can assist you with the appropriate corresponding license and its requirements.

YOU MUST ANSWER THE QUESTIONS ON THE REVERSE SIDE AND SIGN THIS FORM

1. Will you be distributing any advertising materials?
 Yes No
2. Will you be conducting any door to door soliciting?
 Yes No
3. Does your business sell alcohol AND is located in any of the Harvard, Maryland, or Alex Theatre Districts within the Downtown Specific Plan?
 Yes No
4. Will you have any live entertainment such as a DJ, karaoke, bands, dancers, etc.?
 Yes No
5. Will you have a dance floor?
 Yes No
6. Will you be teaching dance lessons?
 Yes No
7. Will you be selling any products containing tobacco?
 Yes No
8. Will you be allowing any onsite smoking?
 Yes No
9. Will you be selling any secondhand items?
 Yes No
10. Will you be operating as a pawnshop?
 Yes No
11. Will you be operating as a place of amusement such as a theatre, roller rink, laser tag, children's amusement, etc.?
 Yes No
12. Will you have any amusement or arcade machines such as pool tables, air hockey, video games, etc.?
 Yes No
13. Will you be charging for parking?
 Yes No
14. Do you deliver food or beverages?
 Yes No
15. Will you allow any outdoor or sidewalk dining?
 Yes No
16. Will you be placing any merchandise outdoor?
 Yes No
17. Will you have any temporary signs or banners?
 Yes No

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 in Part 4B)

Date