

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

PART 1 – BUSINESS INFORMATION		<input type="checkbox"/> 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: _____		

PART 2 – CERTIFICATE, LICENSE & PERMIT INFORMATION		PART 3 – DETAILED INFORMATION
A. Type of Certificate, License or Permit		A. Specific Information
<input type="checkbox"/> Amplified Sound (L-104)	<input type="checkbox"/> Secondhand Dealer	New business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arcade Device (L-102)	<input type="checkbox"/> Smoking Permitted Area	First time in Glendale? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arcade Establishment (L-102)	<input type="checkbox"/> Soliciting (L-111)	Ever had a permit denied? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Arts and Entertainment (L-108)	<input type="checkbox"/> Tobacco Retail Sales	Previous license/permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Billiard Room (L-106)	<input type="checkbox"/> Transportation (L-107)	If yes, previous license/permit # _____
<input type="checkbox"/> Business Registration	<input type="checkbox"/> Wholesale Delivery	Are you subleasing your space? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Dance (L-106)	<input type="checkbox"/> Other _____	If yes, with whom? _____
<input type="checkbox"/> Dog/Cat (L-103)	Existing use: _____	Primary lessee's BRC #: _____
<input type="checkbox"/> Driver	Proposed use: _____	Occupancy floor area (Sq. Ft.): _____
<input type="checkbox"/> Kennel (L-103)	Tax ID #: _____	Days/Hours of operation: _____
<input type="checkbox"/> Live Entertainment (L-106)	Employer ID #: _____	_____
<input type="checkbox"/> Massage (L-110)	# of employees onsite: _____	Do you have outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Outdoor Merchandising (L-112)	# of seats for patrons: _____	Have you or anyone listed on this page ever
<input type="checkbox"/> Peddler	Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
PART 4 – APPLICANT INFORMATION		<input type="checkbox"/> Use as Primary Mailing Address
A. Title - <input type="checkbox"/> Owner <input type="checkbox"/> President <input type="checkbox"/> Officer or CEO <input type="checkbox"/> Business Representative		
B. _____		C. _____
First Name	Last Name	Email Address
D. _____		E. _____
Mailing/Street Address	City	State
Zip Code	Area Code - Phone Number	
PART 5 – ADDITIONAL APPLICANT INFORMATION		<input type="checkbox"/> Use as Primary Mailing Address
A. Title - <input type="checkbox"/> Co-Owner/Partner <input type="checkbox"/> Officer <input type="checkbox"/> Corporate Contact		
B. _____		C. _____
First Name	Last Name	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	Email Address
C. _____		D. _____
Mailing Address	City	State
Zip Code	Area Code - Phone Number	

OTHER CERTIFICATES, LICENSES OR PERMITS MAY BE REQUIRED – SEE REVERSE SIDE

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

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 Maryland, Alex Theatre, or Broadway Center 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. Do you deliver food or beverages to retail or wholesale markets?
 Yes No
14. Will you be selling any gasoline or oil products?
 Yes No
15. Will you be charging for parking?
 Yes No
16. Will you allow any outdoor or sidewalk dining?
 Yes No
17. I acknowledge my understanding that placing merchandise, temporary signs, and/or banners outside of my place of business is prohibited within the City of Glendale, except as provided within the Glendale Municipal Code.
_____ (Applicant's Initials)

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of certificate, 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 the certificate, 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

Renewal District:	Exp. Date:	NAICS #:	BRC #:	Zone:
Comments, conditions, restrictions:				Submit:
				Issue: