



Licensing Master Application

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: _____

PART 2 – LICENSE & PERMIT INFORMATION

A. Type of License or Permit

<input type="checkbox"/> Amplified Sound (L-104)	<input type="checkbox"/> Secondhand Dealer
<input type="checkbox"/> Arcade Device (L-102)	<input type="checkbox"/> Smoking Permitted Area
<input type="checkbox"/> Arcade Establishment (L-102)	<input type="checkbox"/> Soliciting (L-111)
<input type="checkbox"/> Arts and Entertainment (L-108)	<input type="checkbox"/> Tobacco Retail Sales (L-101)
<input type="checkbox"/> Billiard Room (L-106)	<input type="checkbox"/> Transportation (L-107)
<input type="checkbox"/> Business Registration	<input type="checkbox"/> Wholesale Delivery
<input type="checkbox"/> Dance (L-106)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Dog/Cat (L-103)	
<input type="checkbox"/> Driver	Existing use: _____
<input type="checkbox"/> Home-Sharing (L-101)	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/Sidewalk Vendor (L-101)	Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No

PART 3 – DETAILED INFORMATION

A. Specific Information

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 subleasing your space? Yes No

If yes, with whom? _____

Primary lessee's BRC #: _____

Occupancy floor area (Sq. Ft.): _____

Days/Hours of operation: _____

Do you have outdoor storage? Yes No

Have you or anyone listed on this page ever been convicted of a felony/misdemeanor? 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, when applicable)

This section is to be completed if the applicant is not the property owner. All property owners must sign this application. If this portion is completed by someone other than the property owner (i.e., property manager or landlord) written proof is required authorizing the individual to sign on behalf of the property owner.

A. _____ B. _____
 First Name Last Name Date of Birth Email Address

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

D. Check one box - Owner Property Manager Authorized Agent Other _____

I certify that I/we, _____, am/are the owner or authorized agent/ property manager for the property owner on record for the following address _____ and that I am authorized to consent to this application. I declare under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

YOU MUST COMPLETE PAGES 1 - 4 AND SIGN THE FORMS

OTHER LICENSES MAY BE REQUIRED

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.

1. Will you be conducting any door to door soliciting?
 Yes No
2. 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
3. Will you have any live entertainment such as a DJ, karaoke, bands, dancers, etc.?
 Yes No
4. Will you have a dance floor?
 Yes No
5. Will you be teaching dance lessons?
 Yes No
6. Will you be selling any products containing tobacco?
 Yes No
7. Will you be allowing any onsite smoking?
 Yes No
8. Will you be selling any secondhand items?
 Yes No
9. Will you be operating as a pawnshop?
 Yes No
10. Will you be operating as a place of amusement such as a theatre, roller rink, laser tag, children’s amusement, etc.?
 Yes No
11. Will you have any amusement or arcade machines such as pool tables, air hockey, video games, etc.?
 Yes No
12. Do you deliver food or beverages to retail or wholesale markets?
 Yes No
13. Will you be selling any gasoline or oil products?
 Yes No
14. Will you be charging for parking?
 Yes No
15. Will you allow any outdoor or sidewalk dining?
 Yes No
16. Will you be Home-Sharing?
 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 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

FOR STAFF USE ONLY	Zone:	NAICS #:	Submit:	Issue:
Comments, conditions, restrictions:				
				BRC #:

EMERGENCY CONTACT INFORMATION (When applicable):

Full Name: _____
 First Last Middle

Home Address: _____
 Street City State Zip

Home Phone: _____ or;

Property Management Company Name: _____

Contact Person: _____

Business Address: _____
 Street City State Zip

Business Phone: _____