



Thank you for doing business in Azusa

CITY OF AZUSA

P. O. Box 1395
213 E. Foothill Blvd., Azusa, CA 91702-1395
Attn: Business License Division - (626) 812-5249

BUSINESS LICENSE APPLICATION

Please Type or Print in Block Letters

Table with 2 columns: Ordinance No., SIC Code, Bus. License No., Expiration Date and Planning Approval/Date, Building Approval/Date, Fire Approval/Date, Health Approval/Date.

Business Name, Corporate Name, Business/Rental Location, Mailing/Service of Process, Description of Business, CA DL #, CA ID #, SSN #, IRS ID #, Municipal ID #, Federal ID #, State License #, SBOE #

If your business activity in Azusa involves the use of vehicles, please list vehicle license numbers below: 1. 2. 3. 4. 5. 6.

Ownership: Corporation, Partnership, Trust, Corp-Ltd Liability, Ltd Partnership, Sole Proprietor. Start Date, Phone No., Fax No., APN #

Enter below names of Owners, Partners, or Corporate Officers. 1st Owner Name, Title, Address, Phone No., Cell Phone #, Email Address. 2nd Owner Name, Title, Address, Phone No., Cell Phone #, Email Address.

In case of emergency, please contact: Contact Name, Address, Phone No.

Alarm Service: Contact Name, Address, Phone No.

If you are renting the above business location in Azusa, please complete this section: Landlord Name/Management Co., Address, Phone No.

Table with 2 columns: Fee Name (New Appl Fee, State CASp Fee, Amount of Tax, Total Due) and Amount (\$, 4.00, \$, \$).

I declare, under penalty of perjury that the statements and information contained in this application is true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operating of such business.

Signature of Owner or Representative: Date:

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF AZUSA.