



CITY OF TEMPLE CITY  
 9701 LAS TUNAS DRIVE  
 TEMPLE CITY, CA 91780  
 (626) 285-2171

DATE: \_\_\_\_\_

ZONING CLASS: \_\_\_\_\_

PLANNING'S INITIALS: \_\_\_\_\_

APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK APPLICABLE STATUS/CLASSIFICATION				
NEW BUSINESS _____	CHANGE OF:	OWNERSHIP _____	LOCATION _____	BUSINESS _____
RETAILER _____	WHOLSALER/MFG _____	HOME OCCUPATION _____	SPECIALTY BUSINESS _____ Specify: _____	
SERVICE _____	PROFESSIONAL _____	BUSINESS BY VEHICLE _____		
BUSINESS NAME (DBA): _____				
BUSINESS ADDRESS: _____				
MAILING ADDRESS (IF DIFFERENT): _____				
BUSINESS PHONE #:		ANTICIPATED BUSINESS START DATE:		
STATE/REG LICENSE #:	EXPIRATION DATE:	RESALE/ SALES TAX #:		
FEDERAL EMPLOYEE I.D. OR SOCIAL SECURITY NUMBER:		STATE EMPLOYEE I.D. NUMBER:		
BUSINESS OWNER'S NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
NUMBER OF EMPLOYEES WORKING MORE THAN 20 HOURS/WEEK (NOT INCLUDING OWNERS): _____ <i>If you have employees, please provide the City with proof of Worker's Compensation</i>				
NUMBER OF VEHICLES USED FOR PURPOSE OF YOUR BUSINESS? _____				
DO YOU HAVE VENDING/VIDEO MACHINES? <i>circle one</i> YES NO IF YES, HOW MANY? _____				
ARE YOU A FIREARMS DEALER? <i>circle one</i> YES NO				
IS THE BUSINESS OWNED BY AN:      INDIVIDUAL _____      PARTNERSHIP _____      CORPORATION _____ ?				
<i>If applicable, please provide a copy of Articles of Incorporation and the following information on all principal officers:</i>				
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE#		
NAME:		TITLE:	CA DRIVER'S LICENSE #:	
HOME ADDRESS:		HOME PHONE #:		
PROPERTY OWNER'S NAME:			PHONE #:	
ADDRESS: _____				

HAVE YOU OPERATED THIS BUSINESS UNDER ANOTHER NAME AND/OR AT ANOTHER LOCATION? *If yes, state other name/location:*

WILL THERE BE ANY OUTSIDE STORAGE? *If yes, describe the kind below and indicate the location on the site/floor plan:*

WILL THERE BE ANY HANDLING, TRANSPORTATION, STORAGE OR MANUFACTURING OF ANY EXPLOSIVE, FLAMMABLE, TOXIC OR OTHER HAZARDOUS GASES, LIQUIDS OR SOLIDS? *If yes, describe the kind and location – tanks and other principle storage must be shown on the plot/floor plans:*

WILL THERE BE ANY ALTERATION(S) TO THE STRUCTURE TO ACCOMMODATE YOUR BUSINESS USE? *For example, new rooms, walls, interior offices, installation or removal of major equipment. If yes, show on plot/floor plan and describe below:*

DESCRIBE YOUR BUSINESS ACTIVITIES IN DETAIL:

Article V Section 5135: NO PART OF THE LICENSE FEE COLLECTED SHALL BE RETURNED BUT SHALL BE FORFEITED TO THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE CERTIFICATE APPLIED FOR, I MUST AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISH FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THERWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTNER/OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please return this application as well as the attached forms along with your remittance to the City Hall. Make all checks payable to the "City of Temple City." The amount to be paid is shown on the fee schedule. If you have any questions, call the Business License Division at (626) 285-2171.*

FOR OFFICE USE ONLY

LICENSE FEE	\$ 37.00	RECEIPT # BL	_____
PROCESSING FEE	\$ 229.00	AMT RECEIVED	\$ _____
PERMIT FEE	\$ _____	DATE RECEIVED	_____
SHERIFF FEE WHERE APPLICABLE	\$ 87.00	RECEIVED BY	_____
OCCUPANCY FEE	\$ _____	C.U.P	_____
EMPLOYEE FEE	\$ _____		
TOTAL	\$ _____		