



City of Temple City
Community Development Department

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____
Corporation Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____ Fax: _____
Email: _____ Website: _____
Business Description: _____

ADDITIONAL INFORMATION

Type of Ownership: Sole Proprietor _____ Partnership _____ LLC _____ Corporation _____
Federal ID Number/SSN: _____ State Employee ID Number: _____
State License: _____ Type: _____ Expiration: _____
Sellers Permit: _____ Employees Over 20 Hours: _____

OWNER INFORMATION (ATTACH LIST FOR ADDITIONAL OWNERS)

Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____
Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____

PROPERTY OWNER INFORMATION

Name/Management Company: _____
Address: _____
Phone Number: _____ Email: _____
Signature: _____

DISABILITY ACCESS INFORMATION

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS RESPONSIBILITY THAT APPLIES TO ALL CALIFORNIA BUILDING OWNERS AND TENANTS WITH BUILDINGS OPEN TO THE PUBLIC. YOU MAY OBTAIN INFORMATION ABOUT YOUR LEGAL OBLIGATIONS AND HOW TO COMPLY WITH DISABILITY ACCESS LAWS BELOW:

DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/home.aspx **DEPARTMENT OF REHABILITATION:** www.rehab.cahwnet.gov/ **CALIFORNIA COMMISSION ON DISABILITY ACCESS:** www.cdda.ca.gov

CONDITIONS OF AGREEMENT

A Business License is issued to the business owner providing a proposed use is permitted and all general requirements, applicable regulations, and conditions of approval are satisfied. A business must carry a valid Temple City Business License prior to operation. All approved Business Licenses are subject to any applicable requirements pursuant to the Temple City Municipal Code (TCMC). The Business License expires December 31st of each year. A courtesy renewal notice will be sent however, fees are still due even if the notice is not received. Failure to pay an annual license tax when due, the license collector shall add a penalty of ten percent of said license tax on the thirtieth day of each month after the due date thereof.

Initial here _____

Under the provisions of Section 3700 of the California Labor Code, I am required to carry Workers Compensation insurance for my employees at all times. I hereby certify that I will carry Workers Compensation insurance for my employees at all times.

Initial here _____

I understand that all business sites are required to abide by the requirements set forth in TCMC such as but not limited to the following: post no smoking signs (TMC Section 3-2C) at the business site, be free of chipped/stained paint, maintain adequate landscaping, be free of trash and debris, and maintain your business site in a clean and orderly manner. All businesses are subject to reevaluation by the City at any given time. Should the City make the findings that any given business is in violation of TCMC, a Community Preservation Officer carries the authority to issue a Notice of Code Violation or citation if deemed necessary regardless of business license status.

Initial here _____

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 established for such business and to maintain all personnel, vehicles, and/or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Initial here _____

Signature: _____

Date: _____

Name (*print or type*): _____

Phone: _____

FOR OFFICE USE ONLY

Business License: \$ _____	Amount Received: \$ _____	Planning: _____
Employee/Owner: \$ _____	Payment Type: _____	Building & Code: _____
Background: \$ _____	Receipt: _____	Business License: _____
CAsp Fee: \$ 4.00 _____	Date: _____	Comments: _____
Total: \$ _____	File/Resolution: _____	_____