



City of Alhambra  
**BUSINESS LICENSE APPLICATION**  
**AFFIDAVIT – CONFIDENTIAL**

Business License Section  
 111 South First Street, Alhambra, CA 91801  
 Telephone: (626) 570-5021

CITY LICENSE NUMBER
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PLEASE TYPE OR PRINT CLEARLY, USING INK, ALL SECTIONS *MUST* BE COMPLETED

<b>BUSINESS INFO.</b>	BUSINESS NAME	BUSINESS PHONE	STARTING DATE
	BUSINESS ADDRESS	STREET	CITY STATE ZIP
	MAILING NAME, IF DIFFERENT FROM ABOVE		
	MAILING ADDRESS, IF DIFFERENT FROM ABOVE	CITY	STATE ZIP

<b>OWNERSHIP</b>	TYPE OF OWNERSHIP			
	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP (IF SOLE PROPRIETORSHIP OR PARTNERSHIP YOU MUST LIST THE SOCIAL SECURITY NUMBER OF <b>EACH</b> OWNER IN "OWNERSHIP" INFORMATION BELOW)			
	<input type="checkbox"/> CORPORATION (IF YOUR BUSINESS IS INCORPORATED YOU <b>MUST</b> LIST FEDERAL ID NUMBER <b>BEFORE</b> COMPLETING THE NEXT SECTION BELOW)			
	FEDERAL ID NUMBER			
	<b>THIS SECTION MUST BE COMPLETED</b> LIST FULL LEGAL NAME, SOCIAL SECURITY NUMBER, TITLE, HOME ADDRESS AND HOME PHONE NUMBER OF <b>EACH</b> OWNER OR CORPORATE OFFICER. ATTACH ADDITIONAL SHEET IF NECESSARY.			
	NAME	SOCIAL SECURITY NUMBER	TITLE	HOME PHONE
HOME ADDRESS	APT. NO.	CITY	STATE ZIP	
NAME	SOCIAL SECURITY NUMBER	TITLE	HOME PHONE	
HOME ADDRESS	APT. NO.	CITY	STATE ZIP	

<b>DESCRIPTION</b>	TYPE OF BUSINESS [CHECK WHICHEVER IS APPROPRIATE]	
	<input type="checkbox"/> RETAIL <input type="checkbox"/> WHOLESALE <input type="checkbox"/> SERVICE <input type="checkbox"/> IMPORT/EXPORT <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> ENTERTAINMENT (ASSESSMENT DISTRICT APPLIES DEPENDING UPON LOCATION)	
	<input type="checkbox"/> ADMINISTRATIVE OFFICE <input type="checkbox"/> DELIVERY VEHICLES <input type="checkbox"/> RESIDENTIAL PROPERTY RENTALS <input type="checkbox"/> COMMERCIAL PROPERTY RENTALS	
	<input type="checkbox"/> CONTRACTOR – STATE LICENSE NUMBER _____ CLASS _____	
PLEASE PROVIDE AN ACCURATE DESCRIPTION OF PROPOSED BUSINESS OPERATION – BE SPECIFIC		RETAIL SALES TAX NUMBER
		NUMBER OF SKILL/VIDEO GAMES

<b>RENTAL</b>	IF RESIDENTIAL/COMMERCIAL PROPERTY RENTAL BUSINESS, GIVE TOTAL NUMBER OF RENTAL UNITS. LIST ADDRESS OF RENTAL UNITS BELOW. ATTACH AN ADDITIONAL SHEET IF NECESSARY.			
	1.	# OF UNITS	3.	# OF UNITS
	2.	# OF UNITS	4.	# OF UNITS

<b>PAYMENT</b>	TO COMPUTE LICENSE TAX, SEE ATTACHMENT. LIST GROSS EARNINGS, CURRENT TAX, APPLICATION FEE AND ASSESSMENT DISTRICT (IF APPLICABLE) IN BOXES BELOW. ADD TOGETHER FOR TOTAL DUE.									
	GROSS RECEIPTS	LICENSE TAX	+	ASSESSMENT DISTRICT	+	APPLICATION FEE	+	PENALTY	=	TOTAL DUE
	<b>GROSS EARNINGS MUST BE VERIFIED BY TAX RETURN OR OTHER APPROPRIATE DOCUMENTATION.</b>									

<b>SIGNATURE</b>	I DECLARE UNDER PENALTIES OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.		
	_____ SIGNATURE OF OWNER OR OFFICER	_____ TITLE	_____ DATE
	_____ SIGNATURE OF OWNER OR OFFICER	_____ TITLE	_____ DATE

OCCUPANCY PERMIT #
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**FOR OFFICE USE ONLY**