



City of Sierra Madre
Administration Services Department
 232 W. Sierra Madre Blvd., Sierra Madre, CA 91024
 (626) 355 - 7135
 www.cityofsierramadre.com
BUSINESS LICENSE APPLICATION

OFFICE USE ONLY

 LICENSE NUMBER

PRINT CLEARLY. ILLEGIBLE APPLICATIONS WILL BE RETURNED. APPLICATIONS MAY TAKE UP TO 2 WEEKS TO BE PROCESSED

- *1. Business Name _____
- *2. Business Address _____ Suite _____
 City, State, ZIP _____
- *3. Business Phone () _____
- *4. Mailing Address _____ Suite _____
 City, State, ZIP _____
- 5. Email Address _____ 6. Website Address _____
- *7. Start Date in Sierra Madre _____ *8. Business Activity _____
- *9. Product Sold _____
- *10. State License (Contractor, Real Estate, Medical, Etc.) _____
 No. _____ Type _____ Exp. ___/___
- 11. Seller's Permit Number _____
- *12. Type of Ownership (check one)
 Sole Proprietorship Limited Liability Company (LLC)
 Partnership Corporation Tax ID No. _____
- *13. Owner or Principal Information *If necessary, please attach a list of additional principals*
 The first name listed will appear on the business license. One of these contacts should be an emergency contact
 Name _____ Driver's License No. _____
 Residence Address _____ Phone: () _____
 City _____ State _____ ZIP _____ Cell: () _____
 Name _____ Driver's License No. _____
 Residence Address _____ Phone: () _____
 City _____ State _____ ZIP _____ Cell: () _____

*14. My business is located <u>outside the City of Sierra Madre</u> <input type="checkbox"/> My business is located at a <u>residential location</u> in the City <input type="checkbox"/> My business is located at a <u>commercial location</u> in the City <input type="checkbox"/>	*15. No. of Full Time Employees _____ No. of Part Time Employees _____ No. of Vehicles _____ <small>Attach copy of plate numbers</small>
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I certify that the above information is correct to the best of my knowledge. I understand that a business license is required to do business in Sierra Madre under Chapter 5.04 of the Sierra Madre Municipal Code. I further understand that information on this application may be shared with other city departments and state agencies such as the EDD, BOE, FTB, etc.

Signature _____ Date _____

OFFICE USE ONLY			
Date Received _____	Date Entered _____	Planning Review _____	Police Review _____
License Type _____	Class Code _____	Total Fee _____	