



CITY OF SIERRA MADRE
ADMINISTRATION SERVICES DEPARTMENT
 232 W SIERRA MADRE BLVD • P.O. BOX 0457
 SIERRA MADRE, CA 91024
 (626) 355-7135
 www.cityofsierramadre.com

OFFICE USE ONLY
_____ LICENSE NUMBER

BUSINESS LICENSE APPLICATION

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

*1. **Business (DBA) Name** _____
 Maximum 30 characters

*2. **Business Address** (No PO Boxes) _____ Suite: _____
 City, State, Zip: _____

*3. **Business Phone** (_____) _____

*4. **Mailing Address** _____ Suite: _____
 City, State, Zip: _____

5. **Email Address** _____

6. **Web Site 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 No.** _____

*12. **Type of Ownership (check one)**

Sole Proprietorship Social Security No. _____ **Limited Liability Company (LLC)** Tax Id No. _____

Partnership Tax Id No. _____ **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 _____ Drivers License No. _____

Residence Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____

Name _____ Drivers License No. _____

Residence Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____ Cell Phone: (_____) _____

<p>*14. My business is located <u>outside</u> the City of Sierra Madre _____</p> <p>My business is located at a <u>residential location</u> in the City _____</p> <p>My business is located at a <u>commercial location</u> in the City _____</p>	<p>*15. No. of Full Time Employees: _____</p> <p>No. of Part Time Employees: _____</p> <p>No. of Vehicles: ____ <i>attach copy of plate numbers</i></p>
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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 _____
SIC / NAICS _____	Class Code _____	Total Fee _____	