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

BUSINESS LICENSE APPLICATION

OFFICE USE ONLY
LICENSE NUMBER

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: (_____) _____

***14.** My business is located outside the City of Sierra Madre _____	***15.** No. of Full Time Employees: _____
My business is located at a residential location in the City _____	No. of Part Time Employees: _____
My business is located at a commercial location in the City _____	No. of Vehicles: ____ *attach copy of plate numbers*

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** _____