

City of Sierra Madre

BUSINESS LICENSE APPLICATION

Application Date: _____

APPLICATION MUST BE FILLED OUT COMPLETELY IN ORDER FOR LICENSE TO BE CONSIDERED

(Please print)

Business Name: _____		Phone: _____	
Business Address: _____			
Mailing Address: _____			
Employer I.D.# _____		State Board of Equalization # _____	
S.S.# _____		Start Date: _____	
State Contractors License# _____		Contractor Class: _____	
Type of Ownership - Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ <small>(specify)</small>			
Owners or Principal Officers			
NAME	ADDRESS	PHONE	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
Nature of Business: _____			
CHECK ONE CATEGORY; ANSWER ASSOCIATED QUESTIONS:			
<input type="checkbox"/> Fixed Place of Business (Sierra Madre). No. of Employees _____ No. of Vehicles _____	<input type="checkbox"/> Manufacturing. No. of Employees _____ No. of Vehicles _____		
<input type="checkbox"/> Contractor. 1 Year <input type="checkbox"/> Single Job <input type="checkbox"/> No. of Vehicles _____	<input type="checkbox"/> Professional Services. No. of Professionals _____ Employees _____		
<input type="checkbox"/> Business by Vehicle - Wholesale Delivery. No. of Vehicles _____	<input type="checkbox"/> Business by Vehicle - Retail Delivery. No. of Vehicles _____ Music: Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Apartment or Lodging No. of Units _____	<input type="checkbox"/> Home Occupation.		
<input type="checkbox"/> Other - Service or Business Not Specified No. of Employees _____ No. of Vehicles _____	<input type="checkbox"/> Vending, Weighing, Video Machines. No. of Machines _____		
Application Signature: _____			
Application Name (print): _____			
<small>Continued over/</small>			

**CITY OF SIERRA MADRE
BUSINESS LICENSE APPLICATION
(Continued)**

In Emergency, Notify:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

DO NOT WRITE BELOW THIS LINE

Status _____ Business Group _____

Classification _____ Location _____

Penalty _____ Exempt _____

Parcel _____ Number Remarks _____

Category _____ Unit Description Code _____

S.I.C. Code _____

Base \$ _____ X Pro Rate _____ % = \$ _____

Employees / Vehicle Tags = \$ _____

Penalty = \$ _____

Application Fee = \$ _____

Total = \$ _____

TAG#: _____