



CITY OF TEMPLE CITY
9701 LAS TUNAS DRIVE
TEMPLE CITY, CA 91780
(626) 285-2171

DATE: _____

APPLICATION FOR BUSINESS LICENSE

PLEASE CHECK APPLICABLE STATUS/CLASSIFICATION

GENERAL CONTRACTOR _____ ELECTRICAL CONTRACTOR _____ HEATING & AIR CONTRACTOR _____

SIGN CONTRACTOR _____ PLUMBING CONTRACTOR _____ SEWER CONTRACTOR _____

OTHER, please specify: _____

BUSINESS NAME (DBA): _____

BUSINESS ADDRESS: _____

MAILING ADDRESS:
(IF DIFFERENT) _____

BUSINESS PHONE #: _____ BUSINESS START DATE: _____

STATE/REG LICENSE #: _____ EXPIRATION DATE: _____ RESALE/ SALES TAX #: _____

FEDERAL EMPLOYEE I.D. OR SOCIAL SECURITY NUMBER: _____ STATE EMPLOYEE I.D. NUMBER: _____

BUSINESS OWNER'S NAME: _____ TITLE: _____ CA DRIVER'S LICENSE #: _____

HOME ADDRESS: _____ HOME PHONE #: _____

NUMBER OF EMPLOYEES WORKING MORE THAN 20 HOURS/WK (NOT INCLUDING OWNERS): _____
If you have employees, please provide the City with proof of Worker's Compensation

NUMBER OF VEHICLES USED FOR PURPOSE OF YOUR BUSINESS? _____

IS THE BUSINESS OWNED BY AN: INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ ?
If applicable, please provide a copy of Articles of Incorporation and the following information on all principal officers:

NAME: _____ TITLE: _____ CA DRIVER'S LICENSE #: _____

HOME ADDRESS: _____ HOME PHONE #: _____

NAME: _____ TITLE: _____ CA DRIVER'S LICENSE #: _____

HOME ADDRESS: _____ HOME PHONE #: _____

DESCRIBE YOUR BUSINESS ACTIVITIES IN DETAIL:

Article V Section 5135: NO PART OF THE LICENSE FEE COLLECTED SHALL BE RETURNED BUT SHALL BE FORFEITED TO THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE CERTIFICATE APPLIED FOR, I MUST AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISH FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THERWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: _____ DATE: _____

PARTNER/OFFICER'S SIGNATURE: _____ DATE: _____

Please return this application as well as the attached forms along with your remittance to the City Hall. Make all checks payable to the "City of Temple City." The amount to be paid is shown on the fee schedule. If you have any questions, call the Business License Division at (626) 285-2171.

FOR OFFICE USE ONLY

LICENSE FEE \$ 86.00

RECEIPT # BL _____

AMT RECEIVED \$ _____

DATE RECEIVED _____

RECEIVED BY _____