CITY OF TEMPLE CITY
BUSINESS LICENSE APPLICANT PERSONAL INFORMATION FORM

BUSINESS NAME_____

BUSINESS ADDRESS_____

BUSINESS TELEPHONE NUMBER_____

APPLICANT POSITION (OWNER, PARTNER, ETC)_____

APPLICANT FULL NAME_____
LAST FIRST MIDDLE

OTHER NAMES USED_____

HOME STREET ADDRESS_____
NUMBER STREET CITY STATE ZIP

HOME TELEPHONE NUMBER_____

DRIVER'S LICENSE #_____SOCIAL SECURITY #_____

DATE OF BIRTH_____AGE_____PLACE OF BIRTH_____

HAVE YOU EVER HAD AN OWNERSHIP INTEREST IN A SIMILAR KIND OF BUSINESS? IF YES, PLEASE EXPLAIN FULLY_____

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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME AS A RESULT OF AN ARREST, CITATION OR CRIMINAL COMPLAINT – OR – DO YOU HAVE ANY ARRESTS OR CITATIONS PRESENTLY PENDING DISPOSTION? (FELONY, MISDEMEANOR, INFRACTION, COUNTY/MUNICIPAL CODE VIOLATION – INCLUDE ANY CONVICTIONS EXPUNGED VIA 1203.4 PC, NOT INCLUDING COMMON TRAFFIC CITATION OFFENSES) IF YES, PLEASE PROVIDE DATE, ARRESTIN AGENCY, NAME OF CRIME, SENTENCE. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY TO PROVIDE A COMPLETE DISCLOSURE.

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I, UNDER PENALTY OF PERJURY, HAVE ANSWERED ALL THESE QUESTIONS COMPLETELY AND TRUTHFULLY. I UNDERSTAND THAT ANY INCOMPLETENESS, FALSIFICATION OR MISIREPRESENTATION OF ANY FACT MAY RESULT IN THE DENIAL OF THIS APPLICATION OR REVOCATION OF ANY LICENSE ISSUED.

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APPLICANT SIGNATURE DATE

PLEASE ATTACH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE OR STATE ISSUED (DMV) IDENTIFCATION WITH THIS DOCUMENT.