

Please print or type this form in its entirety and submit it with your completed application documents. Attach additional sheets as necessary to provide complete answers. Your application will not be considered complete without this document as well as a Master Application and Personal Affidavit. This document and all attachments **MUST** be notarized.

### Additional Applicant Information

- A. Driver's License #: \_\_\_\_\_
- B. Driver's License Issuing State: \_\_\_\_\_
- C. Driver's License Expiration Date: \_\_\_\_\_
- D. Place of Birth: \_\_\_\_\_

### Business Information

- A. Ownership Type:  Sole Proprietorship  Partnership  Corporation  Limited Liability Company  
**Note:** If your businesses ownership is not a sole proprietorship or partnership, you must complete the Business Ownership Disclosure Supplement (L-109)
- B. Federal Tax Identification #: \_\_\_\_\_
- C. State Tax Identification #: \_\_\_\_\_

### Emergency Contact Information

Provide the following information of two individuals who may be contacted by the City in the case of emergency:

- |   |                |           |          |   |  |                          |
|---|----------------|-----------|----------|---|--|--------------------------|
| <p>A. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First Name</td> <td style="width: 30%;">Last Name</td> <td style="width: 30%;">Title</td> </tr> </table>                                      | First Name     | Last Name | Title    | <p>B. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Email Address</td> </tr> </table> | Email Address  |                          |
| First Name  | Last Name      | Title     |          |   |  |                          |
| Email Address   |                |           |          |   |  |                          |
| <p>C. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> </tr> </table> | Street Address | City      | State    | Zip Code  | <p>D. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Area Code - Phone Number</td> </tr> </table> | Area Code - Phone Number |
| Street Address  | City           | State     | Zip Code |   |  |                          |
| Area Code - Phone Number  |                |           |          |   |  |                          |
| <p>A. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">First Name</td> <td style="width: 30%;">Last Name</td> <td style="width: 30%;">Title</td> </tr> </table>                                      | First Name     | Last Name | Title    | <p>B. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Email Address</td> </tr> </table> | Email Address  |                          |
| First Name  | Last Name      | Title     |          |   |  |                          |
| Email Address   |                |           |          |   |  |                          |
| <p>C. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Street Address</td> <td style="width: 20%;">City</td> <td style="width: 15%;">State</td> <td style="width: 15%;">Zip Code</td> </tr> </table> | Street Address | City      | State    | Zip Code  | <p>D. _____</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Area Code - Phone Number</td> </tr> </table> | Area Code - Phone Number |
| Street Address  | City           | State     | Zip Code |   |  |                          |
| Area Code - Phone Number  |                |           |          |   |  |                          |

### Criminal and Past Permit/License Information

- C. Have you or anyone listed in your application, employed or an officer of your business been licensed by the City of Glendale previously?  Yes  No
- D. Have you or anyone listed in your application, employed or an officer of your business had a license or permit revoked by any agency?  Yes  No
- E. Have you or anyone listed in your application, employed or an officer of your business ever been convicted of a criminal offense, other than a traffic violation?  Yes  No
- F. Have you or anyone listed in your application, employed or an officer of your business ever been convicted of any crime as a result of an arrest, citation, or criminal complaint, including any convictions expunged via Penal Code Section 1203.4?  Yes  No
- G. Have you or anyone listed in your application, employed or an officer of your business have any arrests or citations presently pending disposition, including felonies, misdemeanors, infractions, and county/municipal code violations?  Yes  No
- H. If you've answered YES to any of the questions above, identify the facts and circumstances about each instance, date, the government entity, court and case number, and the outcome of the situation; attach additional sheets if necessary.

---



---



---



---

Notes: All applicants must provide a copy of a current California Driver's License or comparable photograph identification when submitting this application. Applicants will also be required to submit to fingerprinting.

*If the license is granted, I/We agree to comply with all the laws, state and federal, pertaining to the conduct of said business and to all the ordinances, rules, and regulations of the City of Glendale. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of the license. In addition, I agree to advise the City of Glendale of any and all changes in the operations of the business in that such changes of the application form are necessitated.*

*I/We acknowledge that the business stated on this application is located within the Alex Theatre District, Broadway Center District, or Maryland District of the City of Glendale's Downtown Specific Plan.*

My firm and I authorize the City, its officers, agents, employees, and representatives to:

- a. Investigate and verify the information in the application and its accompanying documents;
- b. Obtain a criminal history check through fingerprints and personal identification information; and obtain additional information, including, but not limited to moral character, other jurisdictions' licenses, permits, and discipline; financial background; and employment history.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title