



Master Licensing Application

Please answer the following questions completely and legibly. Supplemental information may be required for various licenses; fill out the corresponding section or form as necessary on the following pages. Please read the instructions for all forms first as additional documentation may be required for processing.

PART 1 - Business Registration Information

Use as Primary Mailing Address

- A. Business Name and DBA: _____
- B. Business Address: _____
street address *suite / unit #* *city* *zip code*
- C. Business Phone Number: _____ D. Website: _____
- E. Describe Business Activities in Detail: _____
- F. Corporation Partnership LLC Other

The applicant shall attach a true, correct copy of the corporation's charter; articles or certificate of incorporation, organization; partnership agreement; or limited partnership agreement, showing the file stamp or seal of the state incorporation, organization, or registration.

PART 2 - Supplemental License Information

- A. Type of License**
- | | | |
|---|--|---|
| <input type="checkbox"/> Adult Business | <input type="checkbox"/> Home Sharing | <input type="checkbox"/> Sidewalk Vendor |
| <input type="checkbox"/> Auto Wrecking | <input type="checkbox"/> Junk Dealer | <input type="checkbox"/> Smoking Permitted Area |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Massage Parlor | <input type="checkbox"/> Special District |
| <input type="checkbox"/> Cart | <input type="checkbox"/> Pawn Broker | <input type="checkbox"/> Tobacco Retail Sales |
| <input type="checkbox"/> Christmas Tree / Pumpkin Sales | <input type="checkbox"/> Sale from Motor Vehicle | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Entertainment Business | <input type="checkbox"/> Secondhand Dealer | |

PART 3 - Detailed Information

- A. Specific Information**
- | | |
|---|--|
| New business? <input type="checkbox"/> Yes <input type="checkbox"/> No | Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First time in Glendale? <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you subleasing your space? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever had a permit denied? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, with whom? _____ |
| Previous license/permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| If yes, Previous license/permit # _____ | Occupancy floor area (Sq. Ft.) _____ |
| Existing use: _____ | Days/hours of operation: _____ |
| Proposed use: _____ | |
| Tax ID#: _____ | <input type="checkbox"/> Previous BRC# _____ |
| Employer ID#: _____ | <input type="checkbox"/> Primary Lessee's BRC# _____ |
| # of employees onsite: _____ | Do you have outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # of seats for patrons (restaurants only): _____ | Have you or anyone listed on this page ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Counter Service <input type="checkbox"/> Fast Food <input type="checkbox"/> Full Service | |

PART 4 - Applicant Information

- A. Title - Owner President Officer or CEO Business Representative Use as Primary Mailing Address
- B. _____ C. _____
first name *last name* *email address*
- D. _____ E. _____
mailing/street address *city* *state* *zip code* *telephone number*

PART 5 - Additional Applicant Information

A. Title - Co-Owner/Partner Officer Corporate Contact Use as Primary Mailing Address

B. _____ C. _____
first name last name email address

D. _____ E. _____
mailing/street address city state zip code telephone number

PART 6 - Property Owner Information (if not the applicant)

B. _____ C. _____
first name last name email address

D. _____ E. _____
mailing/street address city state zip code telephone number

OTHER LICENSES MAY BE REQUIRED

In addition to a Business Registration Certificate, depending on your businesses activities, you may be required to obtain City licenses. These licenses are separate from any other County, State, or Federal licenses that you may be required to obtain. To help you determine which City licenses are required, answer the following questions. If you answer yes to any of them, inform staff so they can assist you with the appropriate corresponding licenses. If you wish to protect your residential address with a different service of process address, please provide it here. NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code. SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION.

YOU MUST ANSWER THE QUESTIONS BELOW AND SIGN THIS FORM

1. Does your business sell alcohol AND is located in any of the Maryland, Alex Theatre, or Broadway Center Districts within the Downtown Specific Plan?..... Yes No
2. Will you have any live entertainment such as a DJ, karaoke, bands, dancers, etc.?..... Yes No
3. Will you have a dance floor?..... Yes No
4. Will you have any amusement or arcade machines such as pool tables, air hockey, video games, etc.? Yes No
5. Will you be selling any products containing tobacco?..... Yes No
6. Will you be allowing any onsite smoking?..... Yes No
7. Will you be selling any secondhand items?..... Yes No
8. Will you be operating as a pawnshop?..... Yes No

I acknowledge my understanding that placing merchandise, temporary signs, and/or banners outside of my place of business is prohibited within the City of Glendale, except as provided within the Glendale Municipal Code _____
applicant's initials

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license for which I am applying. 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. I understand that it is my responsibility to inform the City of Glendale of any changes to any information on this application or any attached forms or documents.

applicant's signature (must be of the applicant listed in part 4B) date

Renewal District	Exp. Date	NAICS #	BRC #	Zone
Comments, conditions, restrictions: _____				
Issue: _____				

Personal Affidavit in Support of Application

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document.

Full Name: _____
first name *last name* *middle name*

Home Address: _____
street *city* *state* *zip code*

Home Phone #: _____

Business Address: _____
street *city* *state* *zip code*

Business Phone #: _____

Personal Description:

_____ *date of birth* *sex* *height* *weight* *hair color* *eye color*

_____ *driver's license / California ID number* *state of issue* *social security number*

List any and all other names used for legal identification:

Have you ever been convicted of a felony and/or misdemeanor? Yes No

If you've answered "YES" to this question, provide the following information: Date of Conviction, Description of Conviction, Court/Jurisdiction where convicted, and the Case Number of the conviction.

I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license for which I am applying. I acknowledge that I have read, understand, and shall comply with any attached exhibits as well as all requirements of the zoning code for which zone my business referenced above is located. 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 license. I declare that I am authorized to act as an agent for purposes of signing and obtaining this business license.

applicant's signature *date*

applicant's business / organization name if applicable *title*