



City of Burbank
Community Development Department – Building Division
150 North Third Street / 818-238-5280 / www.burbankca.gov
BUSINESS APPLICATION

Mail and Make Checks Payable to:
City of Burbank
Building Division
P.O. Box 6459
Burbank, CA 91510-6459

PLEASE PRINT ALL INFORMATION

Date of Application:		
Type of Permit: <input type="checkbox"/> Entertainment <input type="checkbox"/> Itinerant Merchant <input checked="" type="checkbox"/> Daily Food Peddler		
Name of Event:		
Address of Event:		
Date/s of Event:		
Business Name: (for Daily Food Peddler use Individual's Name)		
For Daily Food Peddler – Food Items to be Sold:		
Mailing Address:		
Corporate Name:		
Business Phone: ()	Business FAX: ()	
Email Address:	Web Address:	
Contact Person Name:	Contact Person Phone: ()	
Contact Person Email Address:		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____		
Social Security or Federal ID Number:		
Owners, Partners or Corporate Officers (attach additional sheets if needed)		
Name:	Title:	
Home Address:		
Phone: ()	Driver License No.:	Email:
Name:	Title:	
Home Address:		
Phone: ()	Driver License No.:	Email:

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.

Applicant's Printed Name _____ Title _____
Applicant Signature _____ Date _____

Office Use Only

LICENSE FEE	\$ <u>13.30/DAY</u>	DATE PAID	_____	BASIC TAX	\$ _____
PRO-RATE	\$ _____	CLASS CODE	_____	EMPLOYEE RATE FEE	_____ X \$ _____ = \$ _____
PERMIT FEE	\$ _____	BUSINESS ACCT NO.	<u>LC 2202211</u>	TOTAL TAX	\$ _____
APPLICATION FEE	\$ <u>35.95</u>	ZONE	_____	PRO-RATE	\$ _____
ADJUSTMENT AMT	\$ _____	NO. OF PERSONS/DOGS/VEHICLES	_____	REG / TRANSFER FEE	\$ _____
CSA FEE	\$ <u>4.00</u>	LICENSE ISSUED DATE	_____	ADJUSTMENT AMOUNT	\$ _____
TOTAL DUE	\$ <u>79.85</u>			CSA FEE	\$ _____
				TOTAL DUE	\$ _____

APPROVALS	DATE	APPROVED		BY	DATE
		YES	NO		
TO PLANNING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO FIRE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO POLICE	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO HEALTH	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TO BUILDING	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

LICENSE / CERTIFICATE ISSUED

Notes and Comments

- PLEASE PROVIDE L.A. COUNTY HEALTH DEPARTMENT PERMITS (IF FOOD SERVED)
- PLEASE PROVIDE ABC ALCOHOL PERMITS (IF ALCOHOL SERVED)