

CITY OF ROSEMEAD
8838 E. Valley Blvd., Rosemead, CA 91770
(626) 569-2100 • Fax (626) 307-9218
BUSINESS LICENSE APPLICATION

Applicant Name _____

Business Name _____

Business Address _____

(Cannot be P.O. Box) Street City State Zip Code

Business Phone () Business Fax ()

Mailing Address _____

(if different than above) Street City State Zip Code

Description of Business _____

Email _____ Check here if you prefer notices by email

Professional License # License Type Exp Date

Resale License Number(if applicable) FEIN No.

Check appropriate box for ownership structure :

Corporation Corporation - Ltd. Liability Partnership Sole Proprietor

Enter names of Owners, Partners, or Corporate Offices below (attach additional sheets, if necessary) :

Owner Name Title Phone ()

Home Address Cell Phone ()

(Cannot be P.O. Box) Street City State Zip Code

Driver Lic. No. Email

Alternate Contact Information:

Name Title Phone ()

Home Address Cell Phone ()

*** Do not answer or disclose to any questions(s) if the following apply: minor traffic infractions and convictions for which the record has been sealed or expunged; any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and misdemeanor convictions for marijuana-related offenses more than two (2) years old.**

Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two (2) year old: Notwithstanding any of the preceding, you should not disclose convictions that are over two (2) years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1979 or a statutory predecessor to those statutes).

No Yes

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE PROVIDE A WRITTEN EXPLANATION AS TO THE FACTS AND DATES SURROUNDING YOUR ANSWER:

CERTIFICATE OF APPLICANT: "I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application will subject me to disqualification or revocation of the licensed issued. I understand also that I am required to abide by all the rules and regulations of the City of Rosmead."

Printed Name of Owner or Representative

Date:

Signature of Owner or Representative

For Office Use Only
Zone: _____ Date: _____ Initials: _____
Notes: _____

BUSINESS DESCRIPTION

Please Provide a Description of Your Business:

Will This Business Provide Services? (Check One) Yes No

If yes, What Services Will Be Provided?

Will This Business Provide Goods For Sale? (Check One) Yes No

If Yes, What Goods Will Be Sold?

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Do You Have The Proper Licenses For This Business? (Check One) Yes No NA

List Type Of Licenses

Provide License Number

License Expiration Date

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