



City of Burbank
COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING & SAFETY DIVISION
 150 North Third Street • (818) 238-5280 • www.burbankca.gov

Mail & Make Checks Payable to:
 City of Burbank
 P.O. Box 6459
 Burbank, CA 91510-6459
 EMAIL: cdd-license@burbankca.gov

BUSINESS APPLICATION – BURBANK BASED

IMPORTANT TO NOTE: *This is only an application and is not proof of final approval of a license, permit, or tax certificate.*

Initial Planning Review: <i>Preliminary review only- not an approval</i>	Zone:	OK for submittal <input type="checkbox"/> OK to issue <input type="checkbox"/>	By:	Date:
Comments:				
Reason for Application				
<input type="checkbox"/> New business to Burbank		<input type="checkbox"/> Change of owners or officers		<input type="checkbox"/> Business name change
<input type="checkbox"/> Existing Burbank business - new location		<input type="checkbox"/> Add or drop business partners		<input type="checkbox"/> Change of type of business
Date of Application:			Business Website/Email:	
Business Name:				
Business Address:				
Mailing Address (if different):				
Business Phone:		Business Fax:		Contact Person Phone:
Contact Person Name:			Contact Person Email:	
Starting Date in Burbank or Date of Change:		Business Hours:		Number of W-2 Employees *:
<i>*Any 1099 employees, associates or consultants must register for their own account separately.</i>				
Detailed Description of Business that will occur at <u>THIS</u> location (attach additional sheets if needed):				
<hr/> <hr/>				
Will any physical changes be made to the building for this business (remodel, addition, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain. A separate building permit will be required:				
Area occupied in gross square feet:			Total number of parking spaces on the property:	
Previous business at this location:				
If vacant, how long has this location space been vacant?				
Are there any other businesses located on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please list.				
What type of business is it? Please check all that apply.				
<input type="checkbox"/> Assembly/Manufacturing		<input type="checkbox"/> Restaurant		
<input type="checkbox"/> Auto Related (sales, repair, detailing, etc.)		<input type="checkbox"/> Retail Sales		
<input type="checkbox"/> Instructing/Teaching/Tutoring/Coaching		<input type="checkbox"/> Services, Personal or Business		
<input type="checkbox"/> Media Post-Production/Editing		<input type="checkbox"/> Warehouse/Storage		
<input type="checkbox"/> Media Production/Studio		<input type="checkbox"/> Wholesale Sales		
<input type="checkbox"/> Medical/Dental Office		<input type="checkbox"/> Other		
<input type="checkbox"/> General Office				
Will the business use any machines or equipment other than typical office equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain.				

Type of Ownership Corporation LLC Partnership Sole Ownership Trust Other

Social Security No. or Federal Employer ID No.

Corporate Name

Owners, Partners, or Corporate Officers (attach additional sheets if needed)

Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	Email
Name	Title	Driver License No.
Home Address	Phone	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 Printed Name _____ Title _____

Applicant Signature _____ Date _____

FOR OFFICE USE

Fees subject to increase per annual adoption of the Burbank Fee Schedule

BUSINESS LICENSE		BUSINESS TAX		
APPLICATION FEE	\$ _____	REGIS/TRANSFER FEE	\$ _____	DATE PAID: _____
ZONING REIEW	\$ _____	ZONING REVIEW	_____	CLASS CODE: _____
LICENSE FEE	\$ _____	BASE TAX	_____	ACCOUNT NO: _____
TOTAL FEE	\$ _____	EMPLOYEE LEVY	_____	ISSUE DATE: _____
PRO-RATE	\$ _____	# _____ X \$ _____ =	_____	
ADJUSTMENT AMT	\$ _____	TOTAL TAX	_____	
CSA FEE	\$ _____	PRO-RATE	_____	
TOTAL DUE	\$ _____	ADJUSTMENT AMT	_____	
		CSA FEE	_____	
		TOTAL DUE	_____	

NOTES/COMMENTS: