



**CITY OF REDLANDS**  
 Finance Department - Revenue Division  
 35 Cajon Street, Suite 15B - P. O. Box 3005  
 Redlands, CA 92373-1505 Phone: (909) 798-7557  
**BUSINESS LICENSE APPLICATION**

- Please Check One*
- New Application
  - Change of Owner
  - Change of Address
  - Change of Business Name
  - Additional Location

**THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF REDLANDS (PLEASE PRINT OR TYPE)**

FOR OFFICIAL USE ONLY	
Business Name _____	Business License No. _____
Corporate Name <small>(if applicable)</small> _____	SIC/NAIC CODE _____
Event Location _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	Event Date _____
Mailing Address _____	Resale No. _____
Phone No. _____ Fax No. _____	Federal Tax ID No. _____
Description of Business _____	State Tax ID No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Charitable <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC	State Lic. No. _____
	State Lic. Type _____
	Expire Date _____
	Email Address _____

**Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)**

1st Owner Name _____ Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	Soc. Sec. No. _____
2nd Owner Name _____ Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small> _____	Driver Lic. No. _____
Home Phone No. _____ Cell No. _____	Soc. Sec. No. _____

**In case of emergency, please contact (attach additional sheet, if necessary)**

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

**Property Manager**

Name _____	Phone No. _____
Address _____	

General Information	NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> - The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> - The California Commission on Disability Access at <a href="http://www.ceda.ca.gov">www.ceda.ca.gov</a> .
Do you generate or store hazardous waste? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you handle hazardous waste materials? <input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY	FOR OFFICIAL USE ONLY
Approved <input type="checkbox"/> Signature: _____	Estimated Gross Receipts \$ _____	Business License Tax <span style="float: right;">4.00</span>
Disapproved <input type="checkbox"/> Date: _____		Application Fee _____
Comments: <u>ONE DAY ONLY</u>	# of Employees _____	L.A. Fee _____
		Other Fee _____
<input type="checkbox"/> Bldg & Safety <input type="checkbox"/> Planning	<i>Thank you for doing business in the City of Redlands!</i>	Inspection Fee _____
<input type="checkbox"/> Fire Dept. <input type="checkbox"/> NPDES		Penalty _____
<input type="checkbox"/> MUED		NPDES _____
		State CASp Fee _____
		Total Amount Due <span style="float: right;">4.00</span>
		<input type="checkbox"/> Money Order <input type="checkbox"/> Cash <input type="checkbox"/> Check No. _____

I declare under the penalties of perjury that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete statement of facts.

Signature of Owner or Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF REDLANDS.