



NEW LICENSE _____ CHANGE IN LOCATION _____ CHANGE IN OWNER _____ CHANGE IN NAME _____

This is an **APPLICATION ONLY**, and **NOT** a license to conduct business. You must obtain a business license **PRIOR** to conducting business.
FILL OUT THIS FORM IN ITS ENTIRETY – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

Business Name _____

Business Address _____ City _____ State _____ Zip _____

If change in location, previous address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Business Phone (include area code) _____ Contact Person _____

Name of Property Owner _____ Home Phone _____

Indicate ownership status: Individual _____ Partnership _____ Corporation _____ Non-profit _____

List owners/partners/officers:	Driver's License No.	D.O.B.	Soc. Sec. No.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

In case of emergency, notify _____ Phone _____

Is your business:
 Home Occupation? Yes ___ No ___ If "Yes", read attached *Planning Department Supplemental*, sign and submit with application.
 Within Business Improvement District? Yes ___ No ___ If "Yes", read *El Centro Business Improvement District* pamphlet.
 Door-to-door solicitation/peddler? Yes ___ No ___ If "Yes", contact the El Centro Police Department for individual permits.

Description of Business (give details; also, list types of products/materials sold/stored)

All businesses: Complete, sign and submit with application the *Fire Department Supplemental Questionnaire* forms.

Federal Employer Identification No. _____ State Employer Identification No. _____

Will retail sales be conducted? Yes ___ No ___ State Sales Tax Permit Number _____

Contractor based outside City? Yes ___ No ___ If "Yes", jobsite address _____

California State Contractor's License No. _____ License Type _____ Classification _____
Appropriate building permits MUST be obtained prior to start of construction. Permits will not be released without a valid business license.

Motel/Hotel (Number of Rooms) _____ Beauty Shop (Number of Operators) _____ Barber Shop (Number of Chairs) _____
 Number of employees in each type of employment: Office _____ Beauty Shop _____ Barber Shop _____ Other _____

I CERTIFY under penalty of perjury, that the foregoing statements are true, accurate, and complete to the best of my knowledge and belief.
 I also CERTIFY that I will notify the City of El Centro of any change in the information submitted herein.

Signature _____ Title _____ Date _____

CITY USE ONLY

PLANNING

Inspector	Date Inspected	Approved	Denied	Remarks/Zoning designation:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BUILDING

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FIRE

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

POLICE

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Misc. Notes

FINANCE USE ONLY

Finance Department Approval: _____

Date: _____

Business License No.: _____

Date Issued: _____

Filing Fee: \$ _____

Annual Fee: \$ _____

Building Inspection Fee: \$ _____

Fire Inspection Fee: \$ _____

BID Fee: \$ _____

Total Paid: \$ _____

Receipt No.: _____