



# Licensing Master Application

Please answer the following questions completely and legibly. Supplemental information may be required for various permits and licenses; fill out the corresponding section or form as necessary on the following pages. Please read the instruction sheet for this and all supplemental forms first as additional documentation may be required for processing.

## PART 1 – BUSINESS INFORMATION

☐ Use as Primary Mailing Address

- A. Business name and DBA: \_\_\_\_\_
- B. Business address: \_\_\_\_\_  
Street Address Suite/Unit Number City Zip Code
- C. Business phone number: \_\_\_\_\_ D. Website: \_\_\_\_\_
- E. Describe business activities in detail: \_\_\_\_\_

## PART 2 – LICENSE & PERMIT INFORMATION

### A. Type of License or Permit

- |  |   |
|--|---|
| <input type="checkbox"/> Amplified Sound (L-104)       | <input type="checkbox"/> Smoking Permitted Area       |
| <input type="checkbox"/> Arcade Device (L-102)         | <input type="checkbox"/> Soliciting (L-111)           |
| <input type="checkbox"/> Arcade Establishment (L-102)  | <input type="checkbox"/> Tobacco Retail Sales (L-101) |
| <input type="checkbox"/> Arts & Entertainment (L-108)  | <input type="checkbox"/> Transportation (L-107)       |
| <input type="checkbox"/> Billiard Room (L-106)         | <input type="checkbox"/> Wholesale Delivery           |
| <input type="checkbox"/> Dance (L-106)                 | <input type="checkbox"/> Other _____                  |
| <input type="checkbox"/> Dog/Cat License (L-103)       |   |
| <input type="checkbox"/> Driver (L-106)                |   |
| <input type="checkbox"/> Kennel (L-103)                |   |
| <input type="checkbox"/> Live Entertainment (L-106)    |   |
| <input type="checkbox"/> Massage (L-110)               |   |
| <input type="checkbox"/> Outdoor Merchandising (L-112) |   |
| <input type="checkbox"/> Peddler                       |   |
| <input type="checkbox"/> Sidewalk Vendor               |   |
| <input type="checkbox"/> Secondhand dealer             |   |

Existing use: \_\_\_\_\_  
Proposed use: \_\_\_\_\_  
Tax ID #: \_\_\_\_\_  
Employer ID #: \_\_\_\_\_  
# of employees onsite: \_\_\_\_\_  
# of seats for patrons: \_\_\_\_\_  
Alcohol sales? ☐ Yes ☐ No

## PART 3 – DETAILED INFORMATION

### A. Specific Information

- New business? ☐ Yes ☐ No  
First time in Glendale? ☐ Yes ☐ No  
Ever had a permit denied? ☐ Yes ☐ No  
Previous license/permit issued? ☐ Yes ☐ No  
If yes, previous license/permit # \_\_\_\_\_  
Are you subleasing your space? ☐ Yes ☐ No  
If yes, with whom? \_\_\_\_\_  
Primary lessee's BRC #: \_\_\_\_\_  
Occupancy floor area (Sq. Ft.): \_\_\_\_\_  
Days/Hours of operation: \_\_\_\_\_  
Do you have outdoor storage? ☐ Yes ☐ No  
Have you or anyone listed on this page ever been convicted of a felony/misdemeanor? ☐ Yes ☐ No

## PART 4 – APPLICANT INFORMATION

☐ Use as Primary Mailing Address

- A. Title - ☐ Owner ☐ President ☐ Officer or CEO ☐ Business Representative
- B. \_\_\_\_\_ C. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address
- D. \_\_\_\_\_ E. \_\_\_\_\_  
Mailing/Street Address City State Zip Code Area Code - Phone Number

## PART 5 – ADDITIONAL APPLICANT INFORMATION

☐ Use as Primary Mailing Address

- A. Title - ☐ Co-Owner/Partner ☐ Officer ☐ Corporate Contact
- B. \_\_\_\_\_ C. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address
- D. \_\_\_\_\_ E. \_\_\_\_\_  
Mailing/Street Address City State Zip Code Area Code - Phone Number

## PART 6 – PROPERTY OWNER INFORMATION (if not the applicant)

- A. \_\_\_\_\_ B. \_\_\_\_\_  
First Name Last Name Date of Birth Email Address
- C. \_\_\_\_\_ D. \_\_\_\_\_  
Mailing Address City State Zip Code Area Code - Phone Number

**YOU MUST COMPLETE PAGE 2 ON THE REVERSE SIDE AND SIGN THIS FORM**



## Personal Affidavit in Support of Application

Please print or type this form in its entirety and submit it with your completed application documents. Your application will not be considered complete without this document.

Full Name: \_\_\_\_\_  
First Last Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City State Zip

Business Phone: \_\_\_\_\_

Personal Description: \_\_\_\_\_  
Date of Birth Sex Height Weight Hair Color Eye Color

Driver's License Number: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Other Form of Identification: \_\_\_\_\_

List any and all other names used for legal identification: \_\_\_\_\_

Have you ever been convicted of a felony and/or misdemeanor? ☐ Yes ☐ No

If you've answered "YES" to this question, provide the following information: Date of Conviction, Description of Conviction, Court/Jurisdiction where convicted, and the Case Number of the conviction.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of license or permit for which I am applying. I acknowledge that I have read, understand, and shall comply with any attached exhibits as well as all requirements of the zoning code for which zone my business referenced above is located. I declare, under penalty of perjury, that all of the information contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this form are subject to investigation. Any false or dishonest answer to any question may be grounds for denial or subsequent revocation of license or permit.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Business/Organization Name if Applicable

\_\_\_\_\_  
Title