



# Licensing Master Application

Please answer the following questions completely and legibly. Supplemental information may be required for various certificates, licenses or permits; fill out the corresponding section or form as necessary on the following pages. Please read the instructions for all 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: \_\_\_\_\_

<p><b>PART 2 – CERTIFICATE, LICENSE &amp; PERMIT INFORMATION</b></p> <p><b>A. Type of Certificate, License or Permit</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Amplified Sound (L-104)</td> <td><input type="checkbox"/> Secondhand Dealer</td> </tr> <tr> <td><input type="checkbox"/> Arcade Device (L-102)</td> <td><input type="checkbox"/> Smoking Permitted Area</td> </tr> <tr> <td><input type="checkbox"/> Arcade Establishment (L-102)</td> <td><input type="checkbox"/> Soliciting (L-111)</td> </tr> <tr> <td><input type="checkbox"/> Arts and Entertainment (L-108)</td> <td><input type="checkbox"/> Tobacco Retail Sales</td> </tr> <tr> <td><input type="checkbox"/> Billiard Room (L-106)</td> <td><input type="checkbox"/> Transportation (L-107)</td> </tr> <tr> <td><input type="checkbox"/> Business Registration</td> <td><input type="checkbox"/> Wholesale Delivery</td> </tr> <tr> <td><input type="checkbox"/> Dance (L-106)</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Dog/Cat (L-103)</td> <td>Existing use: _____</td> </tr> <tr> <td><input type="checkbox"/> Driver</td> <td>Proposed use: _____</td> </tr> <tr> <td><input type="checkbox"/> Kennel (L-103)</td> <td>Tax ID #: _____</td> </tr> <tr> <td><input type="checkbox"/> Live Entertainment (L-106)</td> <td>Employer ID #: _____</td> </tr> <tr> <td><input type="checkbox"/> Massage (L-110)</td> <td># of employees onsite: _____</td> </tr> <tr> <td><input type="checkbox"/> Outdoor Merchandising (L-112)</td> <td># of seats for patrons: _____</td> </tr> <tr> <td><input type="checkbox"/> Peddler</td> <td>Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Amplified Sound (L-104)	<input type="checkbox"/> Secondhand Dealer	<input type="checkbox"/> Arcade Device (L-102)	<input type="checkbox"/> Smoking Permitted Area	<input type="checkbox"/> Arcade Establishment (L-102)	<input type="checkbox"/> Soliciting (L-111)	<input type="checkbox"/> Arts and Entertainment (L-108)	<input type="checkbox"/> Tobacco Retail Sales	<input type="checkbox"/> Billiard Room (L-106)	<input type="checkbox"/> Transportation (L-107)	<input type="checkbox"/> Business Registration	<input type="checkbox"/> Wholesale Delivery	<input type="checkbox"/> Dance (L-106)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Dog/Cat (L-103)	Existing use: _____	<input type="checkbox"/> Driver	Proposed use: _____	<input type="checkbox"/> Kennel (L-103)	Tax ID #: _____	<input type="checkbox"/> Live Entertainment (L-106)	Employer ID #: _____	<input type="checkbox"/> Massage (L-110)	# of employees onsite: _____	<input type="checkbox"/> Outdoor Merchandising (L-112)	# of seats for patrons: _____	<input type="checkbox"/> Peddler	Alcohol sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>PART 3 – DETAILED INFORMATION</b></p> <p><b>A. Specific Information</b></p> <p>New business? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>First time in Glendale? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Ever had a permit denied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Previous license/permit issued? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, previous license/permit # _____</p> <p>Are you subleasing your space? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, with whom? _____</p> <p>Primary lessee's BRC #: _____</p> <p>Occupancy floor area (Sq. Ft.): _____</p> <p>Days/Hours of operation: _____</p> <p>Do you have outdoor storage? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you or anyone listed on this page ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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**PART 4 – APPLICANT INFORMATION**  Use as Primary Mailing Address

A. Title -  Owner  President  Officer or CEO  Business Representative

B. \_\_\_\_\_ C. \_\_\_\_\_  
First Name Last Name 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 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 Email Address

C. \_\_\_\_\_ D. \_\_\_\_\_  
Mailing Address City State Zip Code Area Code - Phone Number

**OTHER CERTIFICATES, LICENSES OR PERMITS MAY BE REQUIRED – SEE REVERSE SIDE**

In addition to a Business Registration Certificate, depending on your businesses activities, you may be required to obtain City licenses/permits. These licenses/permits are separate from any other County, State, or Federal licenses/permits that you may be required to obtain. To help you determine which City licenses/permits are required, answer the following questions. If you answer yes to any of them, inform staff so they can assist you with the appropriate corresponding licenses/permits.

**YOU MUST ANSWER THE QUESTIONS ON THE REVERSE SIDE AND SIGN THIS FORM**

1. Will you be distributing any advertising materials?  
 Yes     No
2. Will you be conducting any door to door soliciting?  
 Yes     No
3. Does your business sell alcohol AND is located in any of the Maryland, Alex Theatre, or Broadway Center Districts within the Downtown Specific Plan?  
 Yes     No
4. Will you have any live entertainment such as a DJ, karaoke, bands, dancers, etc.?  
 Yes     No
5. Will you have a dance floor?  
 Yes     No
6. Will you be teaching dance lessons?  
 Yes     No
7. Will you be selling any products containing tobacco?  
 Yes     No
8. Will you be allowing any onsite smoking?  
 Yes     No
9. Will you be selling any secondhand items?  
 Yes     No
10. Will you be operating as a pawnshop?  
 Yes     No
11. Will you be operating as a place of amusement such as a theatre, roller rink, laser tag, children's amusement, etc.?  
 Yes     No
12. Will you have any amusement or arcade machines such as pool tables, air hockey, video games, etc.?  
 Yes     No
13. Do you deliver food or beverages to retail or wholesale markets?  
 Yes     No
14. Will you be selling any gasoline or oil products?  
 Yes     No
15. Will you be charging for parking?  
 Yes     No
16. Will you allow any outdoor or sidewalk dining?  
 Yes     No
17. I acknowledge my understanding that placing merchandise, temporary signs, and/or banners outside of my place of business is prohibited within the City of Glendale, except as provided within the Glendale Municipal Code.  
\_\_\_\_\_ (Applicant's Initials)

*I have read and understand the provisions, rules and regulations of the City of Glendale, California and the Municipal Code governing the type of certificate, license or permit for which I am applying. 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 the certificate, license or permit. I understand that it is my responsibility to inform the City of Glendale of any changes to any information on this application or any attached forms or documents.*

\_\_\_\_\_  
**Applicant's Signature** (must be of the applicant listed in Part 4B)

\_\_\_\_\_  
Date

Renewal District:	Exp. Date:	NAICS #:	BRC #:	Zone:
Comments, conditions, restrictions:				Submit:
				Issue: