

SPECIAL EVENT FEE \$50

CITY OF NATIONAL CITY BUSINESS LICENSE APPLICATION

1243 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950
 PLEASE TYPE OR PRINT. LICENSE WILL NOT BE ISSUED IF REQUIRED INFORMATION IS INCOMPLETE. ENCLOSE PAYMENT WITH APPLICATION. MAKE CHECKS PAYABLE TO THE CITY OF NATIONAL CITY.

BUS # _____ LIC # _____
 ALL LICENSES EXPIRE DECEMBER 31
 RENEWALS ARE DUE BY FEBRUARY 28

A. GENERAL INFORMATION

BUSINESS NAME (D.B.A. OR INDIVIDUAL NAME)	LOCAL BUSINESS PHONE
CORPORATE NAME (IF DIFFERENT FROM D.B.A.)	

LOCATION IN NATIONAL CITY

NUMBER	DIR	STREET NAME	ROOM/SUITE NO.
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MAILING ADDRESS AND/OR P.O. BOX

NUMBER	DIR	STREET NAME	ROOM/SUITE NO.
P.O. BOX NO.			
CITY			STATE
PHONE NUMBER AT MAILING ADDRESS. INCLUDE AREA CODE			ZIP CODE
CASHIER'S COPY			

**City of
National City**

BUSINESS LICENSE DIVISION
(619) 336-4330

TAXES \$ _____
 MISC \$ _____
 PENALTY \$ _____
 TOTAL \$ _____

B. TRANSACTION TYPE - CHECK AND COMPLETE IF APPLICABLE

NEW BUSINESS IN NATIONAL CITY: BUSINESS WILL OPEN/OPENED ON: _____

OWNERSHIP CHANGE: PREVIOUS BUSINESS NAME: _____

C. DESCRIPTION OF BUSINESS

CHECK ONE: A. WHOLESALE B. RETAIL C. SERVICE D. RENTAL UNITS, # OF UNITS _____ E. MANUFACTURING F. CONTRACTOR

STATE LICENSE #/ HEALTH PERMIT/ ABC #/ DRIVERS LIC. #	STATE RESALE #	FEDERAL ID #/ SOCIAL SEC. #
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DESCRIBE BUSINESS FULLY - INCLUDE PRINCIPAL PRODUCT OR SERVICE _____

NUMBER OF BUSINESS VEHICLES OPERATING IN NATIONAL CITY WITH YOUR COMPANY ADVERTISING (LOGO) ON THEM _____

D. OWNERSHIP INFORMATION

CHECK ONE: 1. SINGLE PROPRIETORSHIP 2. PARTNERSHIP 3. CORPORATION

LIST OWNER/PARTNERS/CORPORATE OFFICERS

LAST NAME	FIRST NAME	MI	TITLE	HOME PHONE
HOME ADDRESS		CITY	STATE	ZIP CODE

LAST NAME	FIRST NAME	MI	TITLE	HOME PHONE
HOME ADDRESS		CITY	STATE	ZIP CODE

E. EMERGENCY INFORMATION

LIST IN ORDER OF PRIORITY AND PROXIMITY TO BUSINESS THE PERSON TO BE CONTACTED AT NIGHT IN CASE OF BREAK IN OR FIRE

NAME	TITLE	TELEPHONE #
1. _____	_____	_____
2. _____	_____	_____

DO YOU HAVE A BURGLAR ALARM? 1. NO 2. YES: IF YES 3. SILENT 4. AUDIBLE

NAME OF ALARM COMPANY _____ PHONE # _____

F. EMPLOYEE INFORMATION

PLEASE INDICATE THE NUMBER OF EMPLOYEES EMPLOYED BY YOUR BUSINESS: _____

-----OFFICE USE ONLY-----

DECALS V _____ G _____

B/C - H/O PEND _____ ON FILE: B/C - H/O _____ N/A B/C - H/O PEND P L A L - A A/P C C-A/P

AUDITED BY _____ DATE _____ ENTERED BY _____ DATE _____

DATE H/O PD _____ B/L SENT _____ INT _____