

CITY OF NATIONAL CITY BUSINESS LICENSE APPLICATION

1243 NATIONAL CITY BLVD, NATIONAL CITY, CA 91950

LICENSE WILL NOT BE ISSUED IF REQUIRED INFORMATION IS INCOMPLETE. ENCLOSE PAYMENT WITH APPLICATION. **MAKE CHECKS PAYABLE TO THE CITY OF NATIONAL CITY.**

PLEASE TYPE OR PRINT

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	ZIP CODE	
PHONE NUMBER AT MAILING ADDRESS. INCLUDE AREA CODE			

EMAIL ADDRESS: _____

B. TRANSACTION TYPE – CHECK AND COMPLETE IF APPLICABLE

<input type="checkbox"/> NEW BUSINESS IN NATIONAL CITY: BUSINESS WILL OPEN/OPENED ON: _____
<input type="checkbox"/> OWNERSHIP CHANGE: PREVIOUS BUSINESS NAME: _____

C. DESCRIPTION OF BUSINESS

CHECK ONE: A. <input type="checkbox"/> WHOLESALE B. <input type="checkbox"/> RETAIL C. <input type="checkbox"/> SERVICE D. <input type="checkbox"/> RENTAL UNITS, # OF UNITS _____ E. <input type="checkbox"/> MANUFACTURING F. <input type="checkbox"/> CONTRACTOR		
STATE LICENSE #/ HEALTH PERMIT/ ABC #/ DRIVERS LIC. #	STATE RESALE #	FEDERAL ID #/ SOCIAL SEC. #
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. <input type="checkbox"/> SINGLE PROPRIETORSHIP 2. <input type="checkbox"/> PARTNERSHIP C. <input type="checkbox"/> 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. <input type="checkbox"/> NO 2. <input type="checkbox"/> YES: IF YES 3. <input type="checkbox"/> SILENT 4. <input type="checkbox"/> AUDIBLE		
NAME OF ALARM COMPANY		PHONE #

SIGNATURE	TITLE	DATE
BUSINESS NAME		

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

DECALS Vehicle _____ Decals Video or Coin Op _____

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



THIS STUB, WHEN VALIDATED, IS YOUR OFFICIAL RECEIPT FROM THE:

City of National City

BUSINESS LICENSE DIVISION
(619) 336-4330

TAXES \$ _____
MISC \$ _____
SB1186 \$ 4.00
TOTAL \$ _____

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CITY		STATE	ZIP CODE
PHONE NUMBER AT MAILING ADDRESS. INCLUDE AREA CODE			<u>APPLICANT COPY</u>

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