

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

BUSINESS LICENSE # _____

**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.
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P.O. BOX NO.

CITY	STATE	ZIP CODE
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PHONE NUMBER AT MAILING ADDRESS. INCLUDE AREA CODE	CASHIER'S COPY
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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"/> OFFICE		
BUILDING SQUARE FOOTAGE (applicable to commercial addresses): _____		TOTAL NO. OF BEDS (applicable to Health Care Facilities): _____
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 _____		

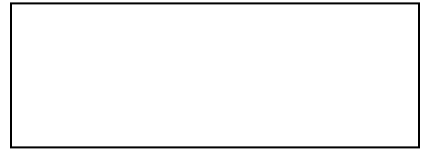
D. OWNERSHIP INFORMATION

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 _____		



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

City of National City

BUSINESS LICENSE DIVISION
(619) 336-4330

TAXES \$ _____
Processing Fee/Misc. \$ _____
Fire Inspection Fee \$ _____
SB1186 \$ 4.00
TOTAL \$ _____