

# 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)	<b>LOCAL BUSINESS PHONE</b>
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	<b>CASHIER'S COPY</b>
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EMAIL ADDRESS: \_\_\_\_\_

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

# City of National City

BUSINESS LICENSE DIVISION

(619) 336-4330

TAXES \$ 75.00

MISC \$ 30.00

SB1186 \$ 4.00

TOTAL \$ 109.00

## B. TRANSACTION TYPE – CHECK AND COMPLETE IF APPLICABLE

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

## 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		
HEALTH PERMIT (if applicable)/ 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 \_\_\_\_\_