



License No. _____

Business License Update

Change of Address

Change in Ownership

Other

Business Name _____

Business Owner _____ Business Email _____

Business Address _____

(May not be a P.O. Box)

Are you sharing this location with another business? NO YES Name: _____

City _____ State _____ Zip code _____

Business Phone # (____) _____ Business Fax (____) _____

Billing Address _____

City _____ State _____ Zip code _____

Please indicate business type: Retail Wholesale Manufacturing Service Office

Please check ownership type: Sole Partnership Corporation LLC

Please describe your business activity: _____
if manufacturing, wholesale, import/export, or retail, please list products

Federal Employer ID (FEIN) _____ State Employer ID (SEIN) _____

State Professional License # _____ Class _____ Expiration Date _____

State Contractor License # _____ Class _____ Expiration Date _____

Retail Sales # _____ Gross Receipts (Video & Vending Only) \$ _____ / yr.

of Business Owners _____ # of Full Time Employees _____ # Part-time Employees _____

Rental Units _____ # Billiard Tables/Bowling Lanes _____ # Mobile Home/Storage Spaces _____ # Beds _____

NOT PUBLIC INFORMATION

NOT PUBLIC INFORMATION

Business Owner/CEO _____

Residential Address _____ City _____ State _____ Zip code _____

Phone # (____) _____ Social Security # _____ Driver's License # _____

Business Partner: _____

Residential Address _____ City _____ State _____ Zip code _____

Phone # (____) _____ Social Security # _____ Driver's License # _____

• I hereby certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and ability.

Owner's signature _____ Date _____

Please answer yes or no to the following questions regarding your business activity:

- Does your business use any type of chemical in your business activity? **YES NO**
IF YES, type of Chemicals _____
- Does your business activity include food preparation? **YES NO**
IF YES, list type: _____
- Will your operations include any processing, handling, storage or discharge of hazardous material, including chemicals and solvents? **YES NO**
IF YES, list types: _____
How disposed? _____
- Will your business generate any hazardous waste at this site? **YES NO**
IF YES, list type: _____
How disposed: _____
- Will you be discharging any waste other than domestic waste to the sewer system? **YES NO**
IF YES, list type: _____
- Will your business operation include any welding or cutting? **YES NO**
Acetylene, Arc? _____
- Will there be storage of any type of bottled gases, or more than 5 gallons of flammable liquid of any type? **YES NO**
IF YES, list types: _____
- Will your business operation include spray painting? **YES NO**
- Will your operation be including sanding, cutting or shaping of wood products producing combustible dust or fibers? **YES NO**
- Will there be storage of materials exceeding 12 feet in height or tire, plastic or flammable liquid storage over 6 feet in height? **YES NO**
- Will there be repairs of vehicles beyond the simple exchange of parts? **YES NO**
- Does your business currently have a Los Angeles County Industrial Waste Permit, and/or a State of California Storm Water Permit? **YES NO**
IF YES, to either, please enter permit numbers: Industrial Waste _____ Storm Water _____
- Will your business activity include the sale of food or beverages for off-site consumption or the storage of food or beverages? **YES NO**
IF YES, submit copy of Los Angeles County Health Department permit.
- Will your business serve alcoholic beverages? **YES NO**
IF YES, What type of ABC license? BEER WINE ALL ALCOHOL **(Submit copy of License)**
- Will there be entertainment including, but not limited to, live performances (includes band, disc jockey) dancing, other? **YES NO**
IF YES, list type: _____
Live Entertainment requires an Entertainment Permit
- Will there be arcade machines/amusements devices? **IF YES**, How many? _____ **YES NO**
- Will there be any placement of new machinery, equipment or storage units outdoors or on the roof? **YES NO**
- Will the business operation include any work, use or storage conducted outside of a wholly enclosed building? **YES NO**
- Will you be doing any interior or exterior alterations or improvements to the building or grounds? **YES NO**
IF YES, please describe _____
- Is your business subject to any outside regulations and permits from any governmental agency? **YES NO**
IF YES, please describe _____
- Does your business activity generate 4 or more cubic yards of waste per week? **IF YES**, Complete attached survey **YES NO**

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I, the undersigned, have read and answered the above questions truthfully and to the best of my ability. I understand that a site inspection may be necessary at the business location due to the nature of my business and that the issuance of a business license may be subject to the approval of other government agencies under contract with the City of San Dimas.

owner's initial

For Office Use Only

Planning Dept Approval _____

Zoning _____

Bldg Dept. Approval _____

Need Permits for physical modifications to premises

Need clearance from LA County Fire Dept.

Special Conditions _____

Public Works Dept Approval _____

Need Clearance from LA County Industrial Waste

SIC _____ NPDES Permit _____ SW1 _____ SW2