

Applicant Signature

City of Burbank

Community Development Department – Building Division 150 North Third Street / 818-238-5280 / www.burbankca.gov

BUSINESS APPLICATION

PLEASE PRINT ALL INFORMATION

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Date of Application:			
Type of Permit: Convention Center Event Permit Itinerant Merchant Permit Daily Food Peddler Permit			
Name of Event:			
Address of Event:			
Date/s of Event:			
EVENT BUSINESS NAME OR VENDOR BUSINESS NAME:			
BUSINESS ADDRESS:			
EVENT ACTIVITY OR VENDOR BUSINESS ACTIVITY:			
Business Phone:		Business FAX:	
Email Address:		Web Address:	
Contact Person Name:		Contact Person Phone:	
Contact Person Email Address:			
Type of Ownership: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Ownership ☐ Trust ☐ Other:			
Social Security or Federal ID Number:			
Owners, Partners or Corporate Officers (attach additional sheets if needed)			
Name:		Title:	
Home Address:			
Phone:	Driver License No.:		Email:
Name:		Title:	
Home Address:			
Phone:	Driver License No.:		Email:
belief. I understand that I may be required to sunderstand that this application is not proof of fin	ubmit additional informanal approval of a license, IN BURBANK CAN BE O	ation related to the propermit, or tax certificate	VENDOR'S RESPONSIBILITY TO ALSO OBTAIN
Applicant's Printed Name	MINIENT OF TAX AND	Title	•

_____ Title ____