City of Burbank
License and Code Services Division

BUSINESS APPLICATION

PLEASE PRINT ALL INFORMATION

DATE OF APPLICATION _____

DESCRIPTION OF BUSINESS: 3-DAY ITINERANT MERCHANT FOR CTN EXPO

BUSINESS NAME _____ PHONE ( )

BUSINESS ADDRESS: Burbank Airport Marriott Hotel & Convention Center 2500 N. Hollywood Wy., Burbank, CA 91505 (CITY) (ZIP CODE)

MAIL ADDRESS, (If Different) _____ (CITY) (ZIP CODE)

TYPE OF OWNERSHIP:

- ☐ CORPORATION — FED. EMPLOYER ID # _____ — CORPORATE NAME _____
- ☐ PARTNERSHIP — SOCIAL SECURITY # _____ — OR FED. EMPLOYER ID # _____
- ☐ JOINT VENTURE — SOCIAL SECURITY # _____ — OR FED. EMPLOYER ID # _____
- ☐ SOLE OWNERSHIP — SOCIAL SECURITY # _____

AREA OCCUPIED IN GROSS SQUARE FEET _____

APPROX. STARTING DATE OF BUSINESS IN BURBANK: 2011 Nov 18 - 20

DRIVER'S LICENSE NUMBER STATE ( )

NAMES AND RESIDENCE ADDRESSES OF OWNER, PARTNERS, OR CORPORATE OFFICERS:

NAME	TITLE	RESIDENCE ADDRESS, CITY & ZIP CODE	PHONE

ARE THERE OTHER BUSINESSES OCCUPYING THIS PREMISES? ☐ YES ☐ NO IF YES, EXPLAIN _____

REMARKS: _____

I UNDERSTAND THAT THIS APPLICATION IS NOT PROOF OF FINAL APPROVAL OF A LICENSE, PERMIT, OR TAX CERTIFICATE. THIS IS ONLY AN APPLICATION FOR ONE OR MORE OF THESE DOCUMENTS.

APPLICANT'S SIGNATURE _____ TITLE _____

FOR OFFICE USE ONLY

DATE TO PLANNING _____ ZONE PD89-1 USE PERMITTED ☐ YES ☐ NO BY _____ DATE _____

	DATE	APPROVED YES	APPROVED NO	BY	DATE
TO BUILDING		☐	☐		
TO FIRE		☐	☐		
TO HEALTH		☐	☐		
TO LICENSE		☐	☐	CERTIFICATE ISSUED	

REMARKS: _____

LICENSE

Permit/App Fee $ _____

License Fee $ 36.00 ($12.00/DAY)

Pro-rate Amount $ _____

Adjustment Amount $ _____

TOTAL DUE $ 36.00

No. of Persons/ Dogs/Vehicles

LICENSE ISSUED DATE

LICENSE OR BUSINESS TAX

Date Paid _____

Cash Log # _____

Class Code 887 SIC _____

License or BT # _____

EMPLOYEE RATE FEE

RATE CODE

(1. EMPL ____ @ $ = _____

(2. EMPL ____ @ $ = _____

(3. EMPL ____ @ $ = _____

BUSINESS TAX

Basic Tax $ _____

Empl. Fee $ _____

TOTAL TAX $ _____

Pro-rate $ _____

Reg/Transfer Fee $ _____

Adjustment Amount $ _____

TOTAL DUE $ _____

C221-9 7/95