



NEW LICENSE \_\_\_\_\_ CHANGE IN LOCATION \_\_\_\_\_ CHANGE IN OWNER \_\_\_\_\_ CHANGE IN NAME \_\_\_\_\_

This is an **APPLICATION ONLY**, and **NOT** a license to conduct business. You must obtain a business license **PRIOR** to conducting business.  
**FILL OUT THIS FORM IN ITS ENTIRETY – INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If change in location, previous address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone (include area code) \_\_\_\_\_ Contact Person \_\_\_\_\_

Name of Property Owner \_\_\_\_\_ Home Phone \_\_\_\_\_

Indicate ownership status: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Non-profit \_\_\_\_\_

List owners/partners/officers:	Driver's License No.	D.O.B.	Soc. Sec. No.
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

**Is your business:**

Home Occupation? Yes \_\_\_ No \_\_\_ If "Yes", read attached *Planning Department Supplemental*, sign and submit with application.

Within Business Improvement District? Yes \_\_\_ No \_\_\_ If "Yes", read *El Centro Business Improvement District* pamphlet.

Door-to-door solicitation/peddler? Yes \_\_\_ No \_\_\_ If "Yes", contact the El Centro Police Department for individual permits.

Description of Business (give details; also, list types of products/materials sold/stored)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**All businesses:** Complete, sign and submit with application the *Fire Department Supplemental Questionnaire* forms.

Federal Employer Identification No. \_\_\_\_\_ State Employer Identification No. \_\_\_\_\_

Will retail sales be conducted? Yes \_\_\_ No \_\_\_ State Sales Tax Permit Number \_\_\_\_\_

Contractor based outside City? Yes \_\_\_ No \_\_\_ If "Yes", jobsite address \_\_\_\_\_

California State Contractor's License No. \_\_\_\_\_ License Type \_\_\_\_\_ Classification \_\_\_\_\_  
*Appropriate building permits MUST be obtained prior to start of construction. Permits will not be released without a valid business license.*

Motel/Hotel (Number of Rooms) \_\_\_\_\_ Beauty Shop (Number of Operators) \_\_\_\_\_ Barber Shop (Number of Chairs) \_\_\_\_\_  
 Number of employees in each type of employment: Office \_\_\_\_\_ Beauty Shop \_\_\_\_\_ Barber Shop \_\_\_\_\_ Other \_\_\_\_\_

I CERTIFY under penalty of perjury, that the foregoing statements are true, accurate, and complete to the best of my knowledge and belief. I also CERTIFY that I will notify the City of El Centro of any change in the information submitted herein.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

CITY USE ONLY

**PLANNING**

Inspector	Date Inspected	Approved	Denied	Remarks/Zoning designation:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**BUILDING**

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**FIRE**

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**POLICE**

Inspector	Date Inspected	Approved	Denied	Remarks
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Misc. Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FINANCE USE ONLY	
Finance Department Approval: _____	Filing Fee: \$ _____
Date: _____	Annual Fee: \$ _____
	Building Inspection Fee: \$ _____
	Fire Inspection Fee: \$ _____
	BID Fee: \$ _____
Business License No.: _____	Total Paid: \$ _____
Date Issued: _____	Receipt No.: _____