



OWNERS, PARTNERS, OR CORPORATE OFFICERS INFORMATION (Attach additional sheets if necessary)

Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security No \_\_\_\_\_ Drivers License No \_\_\_\_\_ (copy required)

Birthdate \_\_\_\_\_

Phone No \_\_\_\_\_ Emergency Phone No \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Social Security No \_\_\_\_\_ Drivers License No \_\_\_\_\_ (copy required)

Birthdate \_\_\_\_\_

Phone No \_\_\_\_\_ Emergency Phone No \_\_\_\_\_

The undersigned hereby understands: (1) The taxes are paid annually in advance and are not refundable; (2) A business license tax certificate, which is a receipt for payment of the business tax and must be posted at the place of business or carried; (3) Notification to this office of any changes in location, ownership, business name or type, and termination of business must be made within 10 days; (4) Business tax is due and payable upon expiration of my certificate; (5) The business license division is not required to issue renewal notices; (6) All clearances and/or permits for all City of Pomona departments must be obtained; (7) Compliance with all other ordinances and/or laws, including but not limited to zoning laws is required.

I declare under the penalty of perjury under the laws of the State of California that the information contained in this application and any attachments thereto are true, correct, and complete to the best of my knowledge.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**CITY USE ONLY**

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_ License Type \_\_\_\_\_ Use Code \_\_\_\_\_

Cost Breakdown	License Tax	\$ _____
	Penalties	\$ _____
	SB1186 Fee	\$ 1.00
	<b>Total</b>	<b>\$ _____</b>

Zoning Approval \_\_\_\_\_

Planning Notes \_\_\_\_\_