



CITY OF SAN FERNANDO
8839 N Cedar Ave, Fresno, CA 93720 - (888) 602-0239

- Please Check One
New Application
Change of Owner
Change of Address
Change of Business Name
HOME OCCUPATION

BUSINESS LICENSE APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF SAN FERNANDO (PLEASE PRINT OR TYPE)

Business Name, Corporate Name, Business Location, Mailing Address, Phone No., Fax No., Description of Business, Ownership, Business License No., SIC/NAIC CODE, Bus. Start Date, Resale No., Federal ID No., State ID No., State Lic. No., State Lic. Type, Expire Date, Email Address

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)
1st Owner Name, Home Address, Home Phone No., Cell / Pager No., Title, Date of Birth, Driver Lic. No., Soc. Sec. No., Other ID No.
2nd Owner Name, Home Address, Home Phone No., Cell / Pager No., Title, Date of Birth, Driver Lic. No., Soc. Sec. No., Other ID No.

In case of emergency, please contact (attach additional sheet, if necessary)
Contact Name, Address, Phone No., Cell/Pager No.

Alarm Company, if applicable (attach additional sheet, if necessary)
Company Name, Address, License No., Phone No.

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back of this form.

Please Complete The Following:
Amusement Devices: Yes No Qty
Vending Machines: Yes No Qty
Rental Units: Yes No Qty
Tobacco Sales: Yes No
Alcohol Sales: Yes No
Storage of Flammable/Hazardous Materials: Yes No Type

Please provide the following information as it may be required to determine the Business Tax liability of your business.
Estimated Current Year Annual Gross Receipts \$
I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of San Fernando Municipal Code. Upon issuance of a Business License, it shall be my responsibility to renew the license annually on or before the due date.
Signature of Owner or Representative Date

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies:
-The Division of the State Architect at www.dgs.ca.gov/dsa
-The Department of Rehabilitation at www.dor.ca.gov
-The California Commission on Disability Access at www.ccca.ca.gov

RETURN APPLICATION BY MAIL TO:
City of San Fernando - Business Licensing
8839 N Cedar Ave #212
Fresno, CA 93720-1832
SCAN AND RETURN APPLICATION BY E-MAIL TO:
support@hdlgov.com
Thank you for doing business in the City of San Fernando!

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address

Residential Address to protect

Business Location

Mailing Address

Owner/Partner/Officer Address