

Incompletion of the Application will cause a delay in processing.



City of Tustin  
Business License Application  
300 Centennial Way  
Tustin, CA 92780  
714-573-3144 FAX 714- 832-0825

### OUT OF CITY BUSINESS

Business Name\* \_\_\_\_\_  
\*(If other than surname, include a copy of your approved Fictitious Business Name statement filed with the County Clerk.)

Business Address \_\_\_\_\_ Suite Number \_\_\_\_\_  
(Use of Post Office or commercial mailbox for business address is a misdemeanor.) (Business License information is published on the City website)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ Suite Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Seller's Permit No. \_\_\_\_\_ Your E-mail Address \_\_\_\_\_  
(If City of Tustin address, include copy of seller's permit showing Tustin location.)

Number of Employees at this location \_\_\_\_\_ Your Web Address \_\_\_\_\_

Nature and Type of Goods Sold \_\_\_\_\_

**If you are a landlord, provide a tenant roster .**

State License No. \_\_\_\_\_ Construction Class(es) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Activity (Please be specific) \_\_\_\_\_

Business Type (check one)

**Sole Ownership / Independent Contractor / Partnership**

/Corporate Identification No. \_\_\_\_\_ (located on Articles of Incorporation) State \_\_\_\_\_  
No. \_\_\_\_\_ State \_\_\_\_\_

**Corporation**  
 **LLC** Identification

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

Tax and Revenue Code requires taxpayer identification, complete the following. If Corp/LLC, use Officer.

**RESIDENCE ADDRESS OF RESPONSIBLE PARTY IS REQUIRED.**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_ City \_\_\_\_\_

Residence Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**If partnership, name partner below:**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Approximate Date of the Start of this business at this location in the City of Tustin** \_\_\_\_\_

I hereby declare, under penalty of perjury, that the foregoing information is true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required and to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession. **In addition, my signature serves to verify that I have been informed that this license renewal is due every January 1<sup>st</sup> and delinquent if not paid by the first day of February in any year in which business is conducted in the City of Tustin.**

Signature \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Date \_\_\_\_\_

**SEE TAX SCHEDULE ENCLOSED . MAKE CHECKS PAYABLE TO THE CITY OF TUSTIN.**

ANY BUILDING CONSTRUCTION OR SIGN INSTALLATION WILL REQUIRE A BUILDING DEPARTMENT PERMIT.

| OFFICE USE ONLY |          | PLNG | BLDG | WATER | FIRE | LETTER | RECEIPT OF FEES COLLECTED |         |      |         |
|-----------------|----------|------|------|-------|------|--------|---------------------------|---------|------|---------|
| ZONING          | INITIALS |      |      |       |      |        |                           |         |      | 904     |
|                 | DATE     |      |      |       |      |        | AMOUNT                    | CHECK # | DATE | INITIAL |