CITY OF MONTCLAIR

BUSINESS LICENSE DIVISION
5111 Benito St., P O Box 2308, Montclair, CA 91763
Phone (909) 626-8571 Ext. 423 or (909) 625-9423

OUT-OF-TOWN BUSINESS LICENSE APPLICATION AFFIDAVIT

NOT VALID UNLESS ALL QUESTIONS HAVE BEEN COMPLETED (PLEASE TYPE OR PRINT CLEARLY)

1. Business Name_____ Date _____
2. Business Address_____ City & State_____ Zip_____
3. Mailing Address_____ City & State_____ Zip_____
4. Business Telephone ( )_____ ( )_____ Number of Employees _____
5. Type of Ownership: Corporation: _____ Partnership: _____ Sole Proprietorship:_____ Will begin doing business on: _____
6. Business Owner(s)_____ Title_____ Telephone ( )_____

   _____ Title_____ Telephone ( )_____

   Owner's Home Address_____ City & State_____ Zip _____

   _____
7. State Resale No._____ S.S. # or Fed. I.D. # _____
8. Local Reference/Mgr_____ Title_____ Telephone ( )_____
9. Ref/Mgr's Home Address_____ City & State_____ Zip _____
10. Describe <u>in detail</u> the **type of business** to be carried out _____

    _____
11. List the type of machinery or equipment used in your operation_____
12. List all materials and chemicals used in your operation_____
13. Describe any waste products and left-over material generated by your operation and how disposed_____

    _____
14. Do you sell, dispense, or process any food or drink requiring a health permit?_____ Health Permit # _____
15. Number of vehicles used in your business with the city _____
16. Does your business require a state license?_____ Class/No._____
17. List all amusement devices, vending machines, video games or concessions in City:

TYPE	LOCATION

18. Estimated Gross Receipts (for 12 months) _____

I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND T0 THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT, AND COMPLETE STATEMENT OF FACTS.

_____ _____

Authorized Signature Driver's License No.

~ Office Use only ~

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License No. _____ Fee_____