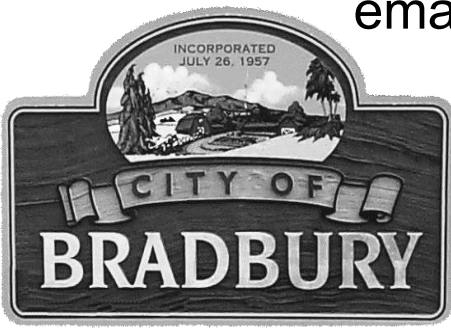


email to: djensen@cityofbradbury.org



City of Bradbury

Business License Application

600 Winston Avenue, Bradbury, CA 91008

(626) 358-3218 FAX (626) 303-5154

Business Start Date in Bradbury _____

Business Name: _____

Physical Business Address: _____

Mailing Address (if different from above): _____

Business Phone #: _____ Cell Phone #: _____

Email Address: _____

Describe the Business Activity: _____

Provide **either #1, #2 or #3 below**

1. Federal Employer ID #: _____ State _____
2. State Contractor's License: _____ Exp. Date: _____
(present state contractors pocket card/copy)
3. Employer ID #: _____

Bradbury Address where working: _____

This Business License will be in effect for 365 days from the Business Start Date at which time it may be renewed.

*A fee of \$1 will be added to this business license to comply with Senate Bill 1186. Monies generated will go toward disability compliance, awareness, and education.

I declare under penalty of perjury this application has been examined by me and to the best of my knowledge and belief is a true, accurate and complete statement of facts.

Signature Print or Type Name

Position with Company

Date

FOR OFFICE USE ONLY

Business License No. _____

Expiration Date: _____

Total Fees: \$ _____

Date Paid: _____

Check No. _____

Cash _____

City Clerk Approval: _____

Planning/Building Approval: _____