



# City of South Pasadena

## Business License Application

• Business Licensing Center •  
8839 N Cedar Ave #212, Fresno, California 93720  
PH 626-403-7258 • FAX (909) 348-0465

Apply Online Today At: <https://southpasadena.hdlgov.com>

OFFICIAL USE ONLY	
Business License No.	_____
Expiration Date	_____
NAIC Code	_____
License Fee \$	_____
Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____	Bus. Start Date _____
Corporate Name _____ <small>(if applicable)</small>	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
Business Location _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	Email Address _____
Mailing Address _____	State Sales Tax No. _____
Phone No. _____ Alt. No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	State License No. _____
	State License Type _____
	Expire Date _____

**PERSONAL INFORMATION** - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Social Security No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver's License No. _____
	Home Phone No. _____
	Cell Phone No. _____
2nd Owner Name _____ Title _____	Social Security No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver's License No. _____
	Home Phone No. _____
	Cell Phone No. _____

● Have you filed a Fictitious Business Name Statement?  Yes  No If yes, please attach copy of approved filed FNS.

**EMERGENCY NOTIFICATION** - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____
	Cell Phone No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

**CERTIFICATION AND ACKNOWLEDGEMENT**  
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 South Pasadena Municipal Code Chapter 5.04 Business Licenses. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.

SIGN HERE

➔ \_\_\_\_\_  
Signature of Owner or Representative

Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business  
in the City of South Pasadena*

**Business License Application Fees**

SQ. Footage of Business # _____	No. of Owners/Employees # _____
No. of Residential Rental Units # _____	Estimated Gross Receipts \$ _____

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/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**RETURN APPLICATION BY MAIL TO:**  
City of South Pasadena - Business Licensing Center  
8839 N. Cedar Ave #212  
Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[Support@hdlgov.com](mailto:Support@hdlgov.com)