



BUSINESS LICENSE APPLICATION

CITY OF HIGHLAND
27215 BASELINE
HIGHLAND CA 92346
Phone (909) 864-6861
Fax (909) 862-3180

In order to avoid a delay in processing your application, please provide **ALL APPLICABLE** information, and type or print clearly. Thank You.

BASED "OUT OF CITY" \$130.00 First Year, w/Annual Renewal -or- \$30/Month, \$15/Week, \$5/Day

Business Name and/or DBA _____

Location Address _____

Billing Address _____

Business Phone (_____) _____ Message Phone (_____) _____ Fax (_____) _____

Type of Business: Sole Proprietor Partnership Corporation Charitable Organization Insurance Brokers

Owner or Principal Officers (must be completed)

Name _____ Title _____ Home Address _____

Name _____ Title _____ Home Address _____

Name _____ Title _____ Home Address _____

Federal Tax ID # or SSN _____ Start date of business _____

State Contractor License# _____ Health Permit# _____

State Resale Permit # _____ Other Permit/License # _____

Type of business being conducted _____

Number of Employees _____

I declare, under penalties of Perjury, by signing as (one of) the Owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s) (where applicable), and to the best of my knowledge believe to be true, accurate, and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Highland Municipal Codes & Ordinances including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees (if applicable) on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay your Business License Renewal by the expiration date to avoid penalties.

Signature _____ SSN _____ DL# _____ Date _____

Printed Name & Title _____

Home Address _____ Phone () _____

Signature _____ SSN _____ DL# _____ Date _____

Printed Name & Title _____ Phone () _____

Home Address _____

OFFICE USE ONLY

\$ _____ # _____ # _____ x _____ / /
Amount Paid Cash/Check/Money Order Receipt Year/Month/Week/Day Finance Initial Date Received

First Cycle/Year _____ Category & SIC# _____ x _____ / /
Business License Dept Approval Date