



CITY OF PALM DESERT
FINANCE DEPARTMENT

BUSINESS LICENSE APPLICATION

Bus. Lic. # _____

H.O.P. # _____

Please TYPE or PRINT CLEARLY

Business Address _____
 City _____ State _____ Zip _____
 Business Name _____
 Mailing Address _____ Zip _____
 Opening Date _____ Fed. Tax I.D. No. _____
 Ownership Type _____ Resale # _____
 Business Phone _____ Emergency Phone _____

Owner / Officer Information & Home Addresses

Name _____ Title _____
 Address _____ Zip _____ Phone _____
 Name _____ Title _____
 Address _____ Zip _____ Phone _____
 Type of Business _____ D.L. # _____
 Estimated Gross Receipt _____ SSN _____

Insurance Information

Worker's Comp. No. _____ Exp. _____
 Insur. Name _____ Cert. of Self Insur. _____
 Insurance Waiver: Yes No Signed _____

Contractor Information

Contractor: Yes No Contractor No. _____ Class _____ Exp. _____
 Decals Required _____
 Home Occ. Required? Yes No

I hereby certify that all information supplied by me is correct and any licenses required by the County, State or Federal Government issued to me are in full force and effect.

Applicant Signature _____ Title _____ Date _____

FINANCE

Acct. No.	Description	Fees
BL 110-0000-316-6000	Base License Fee	\$ _____
BD 110-0000-314-9600	Penalties: 10% 25% 50%	\$ _____
EL 271-0000-355-3000	El Paseo Assmnt 1x 2x 3x	\$ _____
	Other Fees _____	\$ _____
Total Fees Collected:		\$ _____

Mail to: City of Palm Desert
 Attn. Business License
 73-510 Fred Waring Drive
 Palm Desert, CA 92260
 (760) 346-0611