CITY OF MONTCLAIR

BUSINESS LICENSE DIVISION 5111 Benito St., P O Box 2308, Montclair, CA 91763 Phone (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 TelephoneNumber of Employees			
5.	Type of Ownership: Corporation: Partnership: Sole Proprietorship: Will begin doing business on			
6.	Business Owner(s)	Title	Telephone	<u> </u>
		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 & StateZip		
10.	Describe in detail the type of business to be carried out			
11.				
12.	, · · · -			
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:			
	ТҮРЕ	LOCATION		
18.	Estimated Gross Receipts (for 12 months)			
Γ.,	DECLARE UNDER PENALTY OF PERJURY THAT THIS API		I EYAMINED BY ME AND TO THE	.]
	EST OF MY KNOWLEDGE AND BELIEF IS A TRUE, C			
	Authorized Signature	Driver	's License No.	
	Office Use Only			
Lice	ense No. Fee		_	