

**CITY OF SOUTH BAY
OCCUPATIONAL LICENSE / PERMIT APPLICATION**

Trade _____

Name of Owner _____

Date of Birth _____

Location of Business _____

Mailing Address _____

Full Name of Business _____

If license tax is based on stock in trade, number of rooms, seats, vehicles, etc., state such information.

If this information is not in the personal knowledge of the tax collector, no license shall be issued until the applicant has filed with the tax collector and has an affidavit setting out these facts.

SWORN TO ME THIS _____ DAY OF _____, _____.

NOTARY PUBLIC _____

(SEAL)

Signature of Applicant

TITLE

If a firm, the name of all members of the firm, if a corporation, the names of all officers of the corporation.

OFFICIAL USE ONLY

1. Approved as to Police Regulations on _____.

Disapproved due to _____ By _____.

2. Approved as to Sanitation Regulations on _____.

Disapproved due to _____ By _____.

3. Approved as to Fire Regulations on _____.

Disapproved due to _____ By _____.

4. Approved as to Building & Zoning Regulations on _____.

Disapproved due to _____ By _____.

Comments: _____
