



CITY OF ADELANTO

BUSINESS LICENSE DIVISION • 11600 Air Expressway • Adelanto, CA 92301
www.ci.adelanto.ca.us • Email: adelanto@hdlgov.com
(760) 298-5461 • FAX (760) 246-2365

TEMPORARY BUSINESS LICENSE APPLICATION

IF NOT COMPLETED CORRECTLY IT MAY DELAY PROCESSING YOUR APPLICATION

Adelanto Grand Prix - \$50.00
Adelanto Stadium Parking Lot/Ballfield - \$50.00 per day
Fireworks Stand - \$104.00
Other: Community Water Awareness

Location: _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

OFFICIAL USE ONLY

Temporary License No. _____

Start Date: _____

End Date: _____

Business Information

Business Name _____

Corporate Name _____

(if applicable)

Business Location _____

(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Phone No. _____

Fax No. _____

Description of Business _____

Resale No. _____

Federal ID No. _____

State ID No. _____

State Lic. No. _____

State Lic. Type _____

Expire Date _____

Email Address _____

Ownership

Corporation

LLP

LLC

Partnership

Sole Owner

Non-Profit

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

1st Owner Name _____

Title _____

Date of Birth _____

Home Address _____

(Cannot be P.O. Box)

Driver Lic. No. _____

Soc. Sec. No. _____

Home Phone No. _____

Cell / Pager No. _____

FOR OFFICIAL USE ONLY

BUILDING & SAFETY By: _____ Date: _____
 FIRE DEPT By: _____ Date: _____
 POLICE DEPT By: _____ Date: _____
 PUBLIC WORKS By: _____ Date: _____
 PLANNING By: _____ Date: _____
 _____ By: _____ Date: _____

ORD. # _____ SEC # _____

RECEIPT # _____ CHECK # _____

CASH MONEY ORDER CREDIT CARD \$ _____

PLEASE COMPLETE THE FOLLOWING

No. of Employees

#

Bus. Tax

\$

Other

\$

TOTAL AMOUNT DUE

\$

**Thank you for doing business in the
City of Adelanto!**

NOTE: THIS IS NOT A BUSINESS LICENSE: DO NOT OPERATE UNTIL A VALID LICENSE HAS BEEN ISSUED.

I hereby certify under penalty of perjury that the above information is correct and I am authorized representative of this business. I understand that this application does not license me to operate until I have fulfilled all requirements of the Adelanto Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

Signature _____

Print Name/Title _____

Date _____

**RETURN APPLICATION TO ABOVE ADDRESS ATTN. BUSINESS LICENSE DIVISION
AND MAKE CHECK PAYABLE TO CITY OF ADELANTO.**