



City of Burbank
Community Development Department – Building Division
 150 North Third Street / 818-238-5280 / www.burbankca.gov
RESIDENTIAL RENTAL BUSINESS APPLICATION

Mail and Make Checks Payable to:
 City of Burbank
 Building Division
 P.O. Box 6459
 Burbank, CA 91510-6459

PLEASE PRINT ALL INFORMATION

BURBANK MUNICIPAL CODE 2-4-806: RESIDENTIAL RENTAL BUSINESS:

A. Apartments and Bungalows: For every person conducting or carrying on or managing an apartment, flat, court, bungalow, or rooming house, consisting of three (3) or more individual living units or rooms available for rent, the business tax shall be as designated in the Burbank Fee Resolution.

Date of Application:	
Owner's Name:	
Address of Rental Property:	Zip Code:
Owner's Mailing Address and Phone:	Street Address /PO Box: _____ City: _____ State: _____ Zip Code: _____ Phone Number: () _____
Number of Units:	
Does Owner Occupy a Unit?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effective Date of Ownership:	
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	
Social Security or Federal ID Number:	
Owners, Partners or Corporate Officers: (attach additional sheets if needed)	
Name:	Title:
Home Address:	
Phone: ()	Driver License No.:
Email:	
Name:	Title:
Home Address:	
Phone: ()	Driver License No.:
Email:	
<i>I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.</i>	
Applicant's Printed Name _____	Title _____
Applicant Signature _____	Date _____
<<< REVERSE SIDE OF APPLICATION MUST BE COMPLETED >>>	

	OFFICE USE ONLY	
Classification K01A		Tax Per Unit _____
Business Account Number _____		Tax Amount _____
Certificate Issued by _____		Adjustment Amount _____
Date _____		Registration Fee _____
		Total Due _____

FOLLOWING INFORMATION REQUIRED (If applicable):

PROPERTY MANAGER / MANAGEMENT FIRM		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____

BUILDING MAINTENANCE SERVICE PROVIDER		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____

BUILDING SECURITY SERVICE PROVIDER		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____

LANDSCAPING / GARDENING SERVICE PROVIDER		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____

WASHING MACHINE SERVICE PROVIDER		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____

VENDING MACHINE OPERATOR		
Name: _____	Phone: _____	
Street Address /PO Box: _____		
City: _____	State: _____	Zip Code: _____