



City of Burbank
Community Development Department – Building Division
 150 North Third Street / 818-238-5280 / www.burbankca.gov
COMMERCIAL 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 2-4-807: COMMERCIAL RENTAL BUSINESS:

For every person conducting or carrying on or managing a business involving the rental or lease of commercial, retail, office, wholesaling, or manufacturing property or space, the business tax shall be as designated in the Burbank Fee Resolution.

Each business location shall be taxed separately.

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: () _____
Total Area of Building in Square Feet: _____	
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 **K03A**
 Business Account Number _____
 Certificate Issued by _____
 Date _____

Basic Tax _____
 Added Levy _____
 Pro-rated Amount _____
 Adjustment Amount _____
 Registration Fee _____
 CSA 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: _____

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