



CITY OF PALM DESERT  
FINANCE DEPARTMENT

**BUSINESS LICENSE APPLICATION**

Bus. Lic. # \_\_\_\_\_

H.O.P. # \_\_\_\_\_

Please TYPE or PRINT CLEARLY

Business Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Zip \_\_\_\_\_  
 Opening Date \_\_\_\_\_ Fed. Tax I.D. No. \_\_\_\_\_  
 Ownership Type \_\_\_\_\_ Resale # \_\_\_\_\_  
 Business Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Owner / Officer Information & Home Addresses**

Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Business \_\_\_\_\_ D.L. # \_\_\_\_\_  
 Estimated Gross Receipt \_\_\_\_\_ SSN \_\_\_\_\_

**Insurance Information**

Worker's Comp. No. \_\_\_\_\_ Exp. \_\_\_\_\_  
 Insur. Name \_\_\_\_\_ Cert. of Self Insur. \_\_\_\_\_  
 Insurance Waiver:  Yes  No Signed \_\_\_\_\_

**Contractor Information**

Contractor:  Yes  No Contractor No. \_\_\_\_\_ Class \_\_\_\_\_ Exp. \_\_\_\_\_  
 Decals Required \_\_\_\_\_  
 Home Occ. Required?  Yes  No

I hereby certify that all information supplied by me is correct and any licenses required by the County, State or Federal Government issued to me are in full force and effect.

Applicant Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**FINANCE**

Acct. No.	Description	Fees
BL 110-0000-316-6000	Base License Fee	\$ _____
BD 110-0000-314-9600	Penalties: 10% 25% 50%	\$ _____
EL 271-0000-355-3000	El Paseo Assmnt 1x 2x 3x	\$ _____
	Other Fees _____	\$ _____
Total Fees Collected:		\$ _____

Mail to: City of Palm Desert  
 Attn. Business License  
 73-510 Fred Waring Drive  
 Palm Desert, CA 92260  
 (760) 346-0611