



CITY OF UPLAND

Business Support Center
Business Licensing Division
8839 N Cedar Ave #212
Fresno, CA 93720

(909) 348-0460 , 8:00 a.m. – 5:00 p.m., M-F
support@hdlgov.com

Business License Number

Business License Application

This application is for:

- CITY OF UPLAND BUSINESS
- CITY OF UPLAND HOME OCCUPATION BUSINESS LICENSE
- CONTRACTOR OR OUTSIDE SERVICE DOING BUSINESS IN UPLAND
- CHANGE OF BUSINESS NAME*
- CHANGE OF BUSINESS ADDRESS*

*Prior Business Name: _____ *Prior Business Address: _____

GENERAL BUSINESS INFORMATION

Business Name (DBA): _____ Start Date: _____

Business Location: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Telephone: () - _____ No. of Employees: _____ Gross Receipts (Projected Next 12 Months): _____

Business Description (detailed summary): _____

OWNERSHIP TYPE/ IDENTIFICATION NUMBERS/OTHER INFORMATION

OWNERSHIP TYPE: Corporation Corporation Name: _____

Sole Proprietorship Husband & Wife Sole Proprietorship Partnership Non-Profit Org. (Exempt) LLC

Federal Employer ID: _____ State Employer ID: _____ State Sales Tax/Resale #: _____

Contractor License #: _____ Class: _____ Social Security: - - - - SIC Code: _____

OWNER/PARTNER/OFFICER INFORMATION

(1)	(2)	(3)
Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Home Address: _____	Home Address: _____	Home Address: _____
City/State/Zip: _____	City/State/Zip: _____	City/State/Zip: _____
Email Address: _____	Email Address: _____	Email Address: _____
Home Telephone: _____	Home Telephone: _____	Home Telephone: _____
Cell Telephone: _____	Cell Telephone: _____	Cell Telephone: _____
Drivers License #: _____	Drivers License #: _____	Drivers License #: _____
Social Security #: - -	Social Security #: - -	Social Security #: - -

NOTICE: I declare under penalty of perjury that the information I have provided is true and correct. I certify I will operate my business in accordance with all applicable Federal, State, and City laws and regulations. I understand that any false statements made are in violation of the City of Upland Municipal Code and are grounds for revocation of the Certificate of Business License. I understand that the term of the Certificate issued for this application will expire if I cease to meet the issuance qualifications. I authorize the City of Upland and its agents to seek information and/or conduct an investigation on this application.

Authorized Signature

Print Signature Name

Date

Please check to sign up for our Economic Development mailing list E-mail: _____