



**City of Blythe**  
235 North Broadway • Blythe, CA 92225  
Phone: (760) 922-6161 • Fax: (760) 922-4938

## Business License Application

Business Name \_\_\_\_\_  
DBA Name \_\_\_\_\_  
Physical Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Web URL \_\_\_\_\_  
Fed ID \_\_\_\_\_ Contractor Lic # \_\_\_\_\_  
State ID \_\_\_\_\_

### Business Description

Type of Ownership \_\_\_\_\_  
Description of Business \_\_\_\_\_

### Owner Information

Name	Relationship	Address	City/State/Zip	Phone
1.				
2.				
3.				
4.				

### Emergency Contacts

Name	Relationship	Address	City/State/Zip	Phone
1.				
2.				

### Hazardous Material

Do you store hazardous or flammable materials?      No      Yes      If yes, list type and quantity below:

Scientific Name	Common Name	Qty Stored	Total Waste

### Important: Read and Sign Below

I certify that the above information is correct.

Signed By \_\_\_\_\_ Officer/Title \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

AMOUNT PAID	DATE ISSUED	ISSUED BY	SIC#	DATE BUSINESS	LICENSE NUMBER