



BOOTH RENTAL LICENSE APPLICATION

CITY OF HIGHLAND
27215 BASELINE
HIGHLAND CA 92346
Phone (909) 864-6861
Fax (909) 862-3180

In order to avoid a delay in processing your application, please provide ALL APPLICABLE information, and type or print clearly. Thank You.
Please allow 2 - 3 weeks to process this application. Licenses will be mailed.

BOOTH RENTAL APPLICATION..... \$45.00
Must provide copies of your Cosmetology license, sellers permit, and sub lease signed by salon or store owner

Business Name and/or DBA _____
Store/Salon Name _____
Location Address _____
Billing Address _____
Business Phone () _____ Message Phone () _____ Fax () _____

Type of Business: Sole Proprietor Partnership Corporation

Owner or Principal Officers (must be completed)

Name _____ Title _____ Phone Number _____
Home Address _____ City _____ State _____
Name _____ Title _____ Phone Number _____
Home Address _____ City _____ State _____

Federal Tax ID # or SSN _____
State Resale Permit # _____ Cosmetologist license # _____
Type of business being conducted _____

I declare, under penalties of Perjury, by signing as (one of) the Owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s) (where applicable), and to the best of my knowledge believe to be true, accurate, and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Highland Municipal Codes & Ordinances including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees (if applicable) on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay your Business License Renewal by the expiration date to avoid penalties.

Signature _____ SSN _____ DL# _____ Date _____
Printed Name & Title _____
Home Address _____ Phone () _____

Signature _____ SSN _____ DL# _____ Date _____
Printed Name & Title _____ Phone () _____
Home Address _____

OFFICE USE ONLY

\$	#	#		x	/ /
Amount Paid	Cash/Check/Money Order	Receipt	Year/Month/Week/Day	Finance Initial	Date Received
x		/ /		x	/ /
	Planning Dept Approval	Date		Business License Dept Approval	Date

First Cycle/Year _____ Category & SIC# _____