CITY OF CHULA VISTA	**FINANCE DEPARTMENT** **276 Fourth Avenue Chula Vista CA 91910** **(619 691-5250 (619) 409-5814 FAX** **FORM 4570**	**BUSINESS LICENSE APPLICATION** BUSINESS LICENSE # OLD BUSINESS LICENSE#

APPLICATION TYPE: ☐ **NEW APPLICATION** ☐ **CHANGE OF OWNER** ☐ **CHANGE OF ADDRESS** ☐ **CHANGE OF DBA NAME** ☐ **CHANCE OF CLASSIFICATION**

BUSINESS NAME: _____

BUSINESS ADDRESS:(NO P.O. BOXES) _____
CITY:_____ STATE:_____ ZIP:_____
MAILING ADDRESS: (IF DIFFERENT FROM BUSINESS ADDRESS) _____
CITY:_____ STATE:_____ ZIP:_____
BUSINESS PHONE: (____)_____ BUSINESS FAX: (____)_____
E-MAIL ADDRESS:_____

DESCRIBE YOUR BUSINESS:_____ **# OF EMPLOYEES:**_____

IF APPLICABLE, PROVIDE NUMBER OF: VENDING MACHINES_____ AMUSEMENT/VIDEO MACHINES_____
APT UNITS_____ HOTEL UNITS_____ MOTEL UNITS_____ MHP SPACES_____

OWNER NAME:_____ TITLE:_____
HOME ADDRESS:(NO P.O. BOXES)_____
CITY: _____ STATE: _____ ZIP: _____
LAST FOUR DIGITS OF SSN#:_____ DRIVER'S LICENSE #:_____ STATE ISSUED:_____
HOME PHONE: (_____)_____ CELL PHONE: (_____)_____

CO-OWNER NAME:_____ TITLE:_____
HOME ADDRESS(NO P.O. BOXES)_____
CITY:_____ STATE:_____ ZIP:_____
LAST FOUR DIGITS OF SSN#_____ DRIVER'S LICENSE #:_____ STATE ISSUED:_____
HOME PHONE: (_____)_____ CELL PHONE: (_____)_____

TYPE OF OWNERSHIP: ☐ CORPORATION ☐ LTD. LIABILITY CORP. ☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ TRUST ☐ NON-PROFIT

STATE LICENSE NUMBER:_____LICENSE TYPE:_____ EXPIRES:_____

RESALE #:_____FEDERAL TAX ID #:_____STATE TAX ID #:_____

TODAY'S DATE:_____ **BUSINESS START IN CHULA VISTA DATE:** _____ **CHECK IF HOME BASED BUSINESS** ☐

NOTICE TO ALL GENERAL AND SUB-CONTRACTORS ☐ **Verified**

Contractor's Declaration

I hereby affirm under penalty of perjury that I am licensed under the provisions of Chapter 9 (commencing with Section 7000) of Div. 3 of the California Business and Professions Code. I currently have a California State Contractor's License in full force and effect.

STATE CONTRACTOR'S LICENSE #:_____ LICENSE CLASS:_____ EXPIRES:_____

CONTRACTOR'S SIGNATURE:_____ DATE:_____

EMERGENCY CONTACT

(The Emergency Contact Phone Number must be different from the Business Phone Number listed above.)

NAME:_____ PHONE:_____

ALARM COMPANY

BUSINESS NAME:_____PHONE:_____

I declare under penalty of perjury that the above application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial or revocation of this business license.

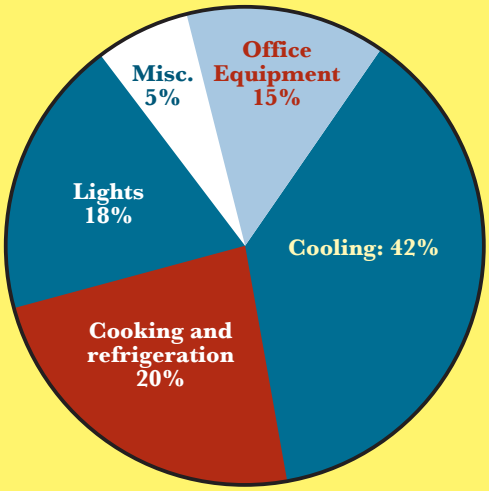
SIGNATURE OF OWNER/REPRESENTATIVE:_____***TITLE:***_____ ***DATE:***_____

Schedule your *Free Resource & Energy Evaluation* at 619-409-3893 or conservation@ci.chula-vista.ca.us
Have a preferred date/time? (please allow at least 3 weeks from application submittal date) _____

Chula Vista Businesses

SAVE Money and Energy!

The first step to managing energy usage is knowing where your business consumes the most energy. Here's how a typical retail space uses energy:



As part of the business license process, Chula Vista businesses qualify for a FREE energy assessment that can save money and energy!

INCLUDES:

- **Assessing current energy use with the "Energy Waves" online tool**
- **Finding low cost energy saving opportunities**
- **Information on 0% interest financing for upgrades**
- **Application assistance for incentive and rebate programs**

Call (619) 409-3893 or email conservation@ci.chula-vista.ca.us to schedule an appointment!

And for a limited time, complete an assessment and get a free energy-saving power strip!

SDGE
A Sempra Energy utility®

CITY OF CHULA VISTA

Your Community. Your Environment. Your Choice.
www.chulavistaca.gov/clean

This program is funded by California rate payers under the auspices of the California Public Utilities Commission.

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