

**CITY OF ROSEMEAD**  
8838 E. Valley Blvd., Rosemead, CA 91770  
(626) 569-2100 • Fax (626) 307-9218

**EMPLOYEE  
BUSINESS LICENSE APPLICATION**

Business Name \_\_\_\_\_  
Business Owner \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Enter name of licensed employee:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
*(Cannot be P.O. Box)*  
Mailing Address \_\_\_\_\_  
(if different than above)  
Driver Lic. No. \_\_\_\_\_ Email \_\_\_\_\_  
Type of License \_\_\_\_\_  
Technical License # \_\_\_\_\_ Exp Date \_\_\_\_\_

**Alternate Contact Information:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**\* Do not answer or disclose to any questions(s) if the following apply: minor traffic infractions and convictions for which the record has been sealed or expunged; any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and misdemeanor convictions for marijuana-related offenses more than two (2) years old.**

**Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two (2) year old: Notwithstanding any of the preceding, you should not disclose convictions that are over two (2) years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1979 or a statutory predecessor to those statutes).**

No                       Yes

**IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE PROVIDE A WRITTEN EXPLANATION AS TO THE FACTS AND DATES SURROUNDING YOUR ANSWER:**

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF APPLICANT: "I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application will subject me to disqualification or revocation of the license issued. I understand also that I am required to abide by all the rules and regulations of the City of Rosemead."**

\_\_\_\_\_  
Printed Name of Licensed Employee

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Signature of Licensed Employee