

CITY OF PASADENA FINANCE DEPARTMENT

Municipal Services Business License Section (626) 744-4166
100 N Garfield Ave., Room N106, Pasadena, CA 91109



One-Day Photographer Permit Application

Event Date: _____ Event Location(s): _____

Business Owner Name: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Fax Number: _____ E-MAIL: _____

Federal ID #: _____ or Social Security #: _____

No person shall knowingly or intentionally misrepresent to any employee of the City of Pasadena any material fact in procuring a license, permit, or duplicate license or metal plate. Any person violating the provisions governing a business license tax is subject to misdemeanor charges.

Signed: _____ Date: _____

Title: _____

One-Day Photographer Permit	
Account ID: _____	Date Valid: _____
Name of Photographer: _____	
Event Location(s): _____	
Business License Dept. Approval: _____	
Date Approved: _____	Initials: _____
Not valid without current receipt	

