



An EDISON INTERNATIONAL Company

**Real Properties Dept.**

# **INQUIRY TO LICENSE**

This inquiry will be held on file for six (6) months.

**LICENSE REQUESTED FOR:**  Individual or  Business

**INDIVIDUAL APPLICANT COMPLETE:**

Attach copy of Driver License, State ID, or Passport

Full Legal Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Own  Rent / Years at above address \_\_\_\_\_; if less than two (2) years, provide previous address below:

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMPLOYMENT:**

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

-EMPLOYED BY: \_\_\_\_\_ Current Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_ Type of Business/Product: \_\_\_\_\_

-SELF-EMPLOYED:

Business Name (include dba if applicable): \_\_\_\_\_

Sole Proprietor;  LP;  GP;  LLC;  Franchise;  Corporation: If Inc, in what State: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type of Business/Product: \_\_\_\_\_

**BUSINESS APPLICANT COMPLETE:**

Business Name (include dba if applicable): \_\_\_\_\_

Sole Proprietor;  Partnership: LP\_\_ / GP\_\_;  Limited Liab Co;  Franchise;  Corporation: If Inc, in State of \_\_\_\_\_

*If applicable, attach copy of: LP Certificate of Limited Partnership; GP Statement of Partnership; LLC Operating Agreement*

Tax ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Type of Business/Product: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Name & Title of Person Requesting License: \_\_\_\_\_

Attach copy of Driver License, State ID, or Passport for the person that will sign the license.

**ALL APPLICANTS COMPLETE:**

Size of Parcel Requested: \_\_\_\_\_ Desired City/Area: \_\_\_\_\_

Proposed Use of Land: \_\_\_\_\_

Previous Experience in Proposed Use: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Previous SCE License:  Yes  No If yes, previous License # \_\_\_\_\_ and Date of Expiration \_\_\_\_\_

Previous or Current License with Other Utilities: \_\_\_\_\_

**INSURANCE:**

Insurance Co. or Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

# FINANCIAL DATA REQUIREMENTS AND STATEMENT OF FACTS

1. Have you ever filed for protection under the Bankruptcy Laws or forced into involuntary Bankruptcy? \_\_\_Yes \_\_\_No. If yes, please give date(s), case number(s), jurisdiction(s), and provide a copy of the assets and liabilities statements, as well as the creditors list.
2. Have you, or any of the principals, regardless of position or interest, been convicted of a felony or misdemeanor within the last seven years? \_\_\_Yes \_\_\_No. If yes, please list all cases and give date(s), charge(s), jurisdiction(s), and case number(s).
3. Describe any and all prior, pending or contemplated litigation that you are or have been involved in during the last five years, including business related litigation. Include case number(s), date(s), jurisdiction(s), and a description of the action(s), and if you were the Plaintiff or Defendant.
4. Describe any disciplinary actions brought against you or your company(s) by any governmental agency, under any licensure, which you may be subject to.
5. Provide detailed information where you were the subject of an audit by any tax authority, such as the IRS, etc.
6. Are you the subject of any subcontractor complaints or are there any outstanding Mechanics Liens filed against you or your firm(s)? Please describe.
7. Attach a copy of the resume(s) of each of the principals involved with this license applicant, as well as any marketing literature attributable to the applicant, its principals, or any associated entities.

**I hereby certify that the above information furnished by me is true, complete, correct, and accurate under penalty of perjury per California Law.**

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Printed Name of Applicant (Individual or Business)

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Signature

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Date

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Printed Name & Title of Signer, if a Business Applicant

**I understand that Licensor may wish to evaluate my/our credit worthiness from time to time and I hereby authorize Licensor to obtain any and all consumer reports and/or business reports from authorized consumer reporting agencies and/or business information services at any time Licensor may desire so long as I incur no responsibility for the cost of such consumer and/or business reports.**

A/O 3/97

# NOTICE TO CONSUMER

**(PLEASE COMPLETE THOROUGHLY, COMPLETELY, AND LEGIBLY AND SIGN BELOW)**

Thank you for seeking a rental or licensing relationship with our company: Southern California Edison Company.

In compliance with State and Federal laws, we are hereby notifying you that a CONSUMER REPORT, and/or INVESTIGATIVE CONSUMER REPORT may be obtained for use in evaluating our decision to accept your personal guarantee for the rental or license of our property, the extension of credit in the form of providing tenant improvements, pro-rated and 'financed' through the rental or license terms, guaranty of the license or rental agreement, retention and/or for collection purposes, in the event of a default of any of the above.

Inquiries may be made in considering your application, and the ensuing report may contain public/semi-public or private information, identification information, credit information, DMV records or other information, which could adversely affect your potential for an association with us. The report will only be obtained, according to your written instruction(s), below.

You have the right to make a direct written request to obtain copies of any reports, which may have been provided by one, or more of the following Consumer Reporting Agencies, which may have contributed to the compilation of the Consumer Report, and/or Investigative Consumer Report (copies of Privacy Policies are available on each website)

1. EXPERIAN (www.experian.com)  
701 Experian Pkwy  
Dallas, TX 75013; or call:  
1-888-870-5564
2. TRANSUNION (www.transunion.com)  
2 Baldwin Place  
Chester, PA 19022; or call:  
1-800-916-8800
3. EQUIFAX (www.equifax.com)  
P.O. Box 740241  
Atlanta, GA 30374-0241; or call  
1-800-685-1111

## AGREEMENT AND CONSENT

**I have read this form completely, and I authorize you to obtain a Consumer Report, or Investigative Consumer Report, per the outline of available information, above. **I also (by photocopy of this form) authorize Consumer Reporting Agencies,** related or unrelated firms, public, private, government, law enforcement and/or other agencies and/or persons to release information in response to these inquiries, and release same from any and all liability in responding to such inquiries. I also fully indemnify any and all of those associated with this consent against any and all direct, indirect, and/or consequential, or other damages which might arise in the course and process of the use of this consent. I understand that I am authorizing this request in accordance with my rights under the Fair Credit Reporting Act, the Fair and Accurate Credit Transactions Act, the Gramm-Leach-Bliley Act and The California Investigative Consumer Reporting Agencies Act.**

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

Full Name (Printed): \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Social Security Number/ Tax ID#: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_