



CITY OF RIALTO
BUSINESS LICENSE DIVISION

150 S. Palm, Rialto CA 92376
Tel: (909) 820-2517 Fax: (909) 873-2921

LICENSE APPLICATION

Please Type or Print in Block Letters

The City of Rialto Municipal Code requires that all businesses pay a business tax, but such payment does not authorize an applicant to do business in the City. All businesses must comply with all City codes and must have the Department of Planning approval prior to opening.

Is this a Home Occupation Business?
Yes No
There is to be no storage, signs, employees, in/out traffic, large vehicles.
OFFICIAL USE ONLY
BUSINESS LICENSE NO.
START DATE RATE CODE
EXPIRATION DATE
CHECK CASH CARD
POLICE CLEARANCE INSPECTIONS
MULTI-UNIT TAXI-CAB

Business Name:
Corporate Name:
Business Location:
Mailing Address:
Description of Business Activity:
Ownership:
License Lic. Type Expiration Date
Resale No. FEIN No. SEIN No.

Enter Below Names of Owners, Partners, or Corporate Officers

Name: Title: Phone:
Address:
Social Security No. Driver's License No.
Name: Title: Phone:
Address:
Social Security No. Driver's License No.

Contractor Information

Contractor No. Expiration Date:
General Contractor - Will there be subs on the project?
Sub Contractor - Name of General Contractor:
Contractors License Lic. Type Expiration Date
Name of Project: Site Phone:
Address of Project:

Emergency Contact - Rialto Business Addresses Only

Name: Phone:

Alarm Service - Rialto Business Addresses Only

Name: Phone:

This is not a permit to conduct business in Rialto. It does not sanction any act not otherwise permitted. Applicant must obtain clearance to conduct business from the Planning and Building Department and agrees to comply with all sections of the Rialto Municipal Code.

If your last name is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation. If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions.

PLEASE FILL IN THE APPROPRIATE BOXES BELOW, READ AND SIGN.
FOR OFFICE USE ONLY
Estimated Gross Receipts for 12 Months:
Estimated Gross Receipts \$
No. of Quarters
Administrative Fee \$
Business License Tax \$
Other Fee \$
Penalty \$
TOTAL AMOUNT DUE \$

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief and that I have read this notice at Rialto, California.

Signature of Owner or Representative Date