



NEW BUSINESS LICENSE APPLICATION

150 S. PALM AVENUE
 RIALTO, CA 92376
 PHONE: (909) 820-2517
 FAX: (909) 873-4814
WWW.YOURRIALTO.COM
 EMAIL: CITYBL@RIALTOCA.GOV

OFFICE USE ONLY			
BUSINESS LICENSE NO:			
EXPIRATION DATE:			
HOME OCCUPATION:	YES	NO	
PAYMENT TYPE:	CARD	CHECK	CASH

PLEASE PRINT CLEARLY OR TYPE IN FIELDS

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. **There are three (3) fees: 1) Administration fee 2) State fee 3) Business License Tax.**

BUSINESS INFORMATION			
BUSINESS NAME (DBA):			START DATE:
CORPORATE NAME (IF APPLICABLE):			
CLASSIFICATION OF BUSINESS:			
OWNERSHIP TYPE:	CORPORATION	CORP-LTD LIABILITY	PARTNERSHIP
	SOLE PROPRIETOR	LIMITED LIABILITY CO	TRUST
DESCRIPTION OF BUSINESS ACTIVITY:			
FEIN (TAX ID):	NO. OF EMPLOYEES:	RESALE NO.	SQ FT OF PREMISES:
EMAIL ADDRESS:			SEIN NO.
STATE LICENSE NO.	EXPIRATION DATE:	STATE LICENSE TYPE:	
BUSINESS PHONE:		BUSINESS FAX:	
BUSINESS ADDRESS (CANNOT BE PO BOX):			
CHECK BOX IF SAME AS BUSINESS ADDRESS	MAILING ADDRESS:		
BUSINESS OWNERS, PARTNERS, AND/OR CORPORATE OFFICERS			
NAME:		NAME:	
TITLE:		TITLE:	
ADDRESS:		ADDRESS:	
PHONE:	SSN:	PHONE:	SSN:
DRIVER'S LICENSE NO.		DRIVER'S LICENSE NO.	
EMERGENCY CONTACT		ALARM COMPANY	
NAME:		NAME:	
PHONE:		PHONE:	
IF YOU ARE A CONTRACTOR PLEASE FILL OUT			
NAME/ADDRESS OF PROJECT:			
IF YOU ARE A SUB CONTRACTOR, PROVIDE NAME OF GENERAL CONTRACTOR:			

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 Division and agrees to comply with all sections of the Rialto Municipal Code. Applicant is responsible for obtaining a State of California Sales Tax No., if necessary, and providing the City of Rialto with such number issued. If your last name is not included in the name of your business, you will need proof of a fictitious name registration and publishing articles of incorporation. If your business requires a resale number or any type of license or permit, you will need to provide documentation.

ENTER ESTIMATED GROSS RECEIPTS FOR 12 MONTHS	FEES DUE	
<i>DO NOT INCLUDE ALCOHOL SALES</i>	NO. OF QUARTERS	
TAB FOR TOTAL	ADMINISTRATION FEE	
DISTRIBUTION/WAREHOUSE CENTER: USE SQ FT x .075 (ENTER IN BOX SQ FT OF PREMISES)	STATE FEE	
CONTRACTOR: A CITY CONTRACT IS TAXED AS PROFESSIONAL SERVICES	BUSINESS LICENSE TAX	
HOTEL/MOTEL: TRANSCIENT OCCUPANCY TAXES PAID EACH QUARTER	PENALTY	
*Total amount due may be subject to change depending on the business start date.	*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.

 Owner or Authorized Agent Signature

 Date

PLEASE MAKE CHECK PAYABLE TO: CITY OF RIALTO
 MAIL TO: 150 S. PALM AVENUE, RIALTO CA 92376
 YOU CAN MAKE A PAYMENT IN PERSON OR BY MAIL.
 CARD PAYMENTS ACCEPTED, FEE APPLIES.

[EMAIL: CITYBL@RIALTOCA.GOV](mailto:CITYBL@RIALTOCA.GOV)

THANK YOU FOR DOING BUSINESS IN THE CITY OF RIALTO!