



## 2018 RENEWAL BUSINESS LICENSE

150 S. PALM AVENUE  
 RIALTO, CA 92376  
 PHONE: (909) 820-2517  
 FAX: (909) 421-7289  
[WWW.YOURRIALTO.COM](http://WWW.YOURRIALTO.COM)  
 EMAIL: [CITYBL@RIALTOCA.GOV](mailto:CITYBL@RIALTOCA.GOV)

BUSINESS LICENSE NO:

BOX BELOW FOR OFFICE USE ONLY

RENEWAL TYPE:

### PLEASE PRINT CLEARLY OR TYPE IN FIELDS

The City of Rialto Municipal Code requires that all businesses pay a business tax. Business Licenses expire on December 31<sup>st</sup>.

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

BUSINESS INFORMATION			
BUSINESS NAME (DBA):			
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 OR SSN:	NO. OF EMPLOYEES:	RESALE PERMIT NO.	SQ FT OF PREMISES:
EMAIL ADDRESS:			
STATE LICENSE NO.	EXPIRATION DATE:	STATE LICENSE TYPE:	
BUSINESS PHONE:		BUSINESS FAX:	
BUSINESS ADDRESS (CANNOT BE PO BOX):			
SAME AS BUSINESS	MAILING ADDRESS:		
BUSINESS OWNER, PARTNER OR CORPORATE OFFICER			
(PLEASE ATTACH DOCUMENTATION FOR ANY UPDATES)			
NAME:		TITLE:	
ADDRESS:			
IF YOUR BUSINESS HAS CLOSED, PLEASE COMPLETE			
REASON FOR CLOSING:		DATE CLOSED:	
BUSINESSES ARE NON-TRANSFERABLE. NEW OWNERSHIP REQUIRES A NEW BUSINESS LICENSE.			

PENALTY SCHEDULE	
25% of box 3 if paid/postmarked AFTER January 31 <sup>st</sup>	
35% of box 3 if paid/postmarked AFTER February 28 <sup>th</sup>	
50% of box 3 if paid/postmarked AFTER March 31 <sup>st</sup>	

ENTER ESTIMATED GROSS RECEIPTS FOR 12 MONTHS	FEES DUE	
<b>DO NOT INCLUDE ALCOHOL SALES</b>	NO. OF QUARTERS	N/A
<b>TAB FOR TOTAL</b>	RENEWAL ADMINISTRATION FEE 1)	
DISTRIBUTION/WAREHOUSE CENTER: USE SQ FT x .075 (ENTER IN BOX SQ FT OF PREMISES)	STATE FEE 2)	
WAREHOUSE STORAGE ONLY: PAY A FLAT FEE OF \$ 50	BUSINESS LICENSE TAX 3)	
CONTRACTOR: A CITY CONTRACT IS TAXED AS PROFESSIONAL SERVICES	PENALTY 4)	
HOTEL/MOTEL: TRANSIENT OCCUPANCY TAXES PAID EACH QUARTER	TOTAL AMOUNT DUE 5)	

YOU CAN MAKE A PAYMENT IN PERSON OR BY MAIL, PLEASE MAKE CHECKS PAYABLE TO: CITY OF RIALTO  
MAIL PAYMENT TO: 150 S. PALM AVENUE, RIALTO, CA 92376. OR EMAIL FORM TO: [CITYBL@RIALTOCA.GOV](mailto:CITYBL@RIALTOCA.GOV)

RETURNED CHECKS INCUR A \$ 25 NON-SUFFICIENT FEE.

I DECLARE UNDER 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 of Authorized Agent Signature

\_\_\_\_\_  
 Date

THANK YOU FOR DOING BUSINESS IN THE CTY OF RIALTO! EMAIL: [CITYBL@RIALTOCA.GOV](mailto:CITYBL@RIALTOCA.GOV)