



2019 BUSINESS LICENSE RENEWAL

150 S. PALM AVE. RIALTO, CA 92376

PHONE: (909) 820-2517

BUSINESS LICENSE NO:
CLASSIFICATION:
PAYMENT TYPE: <input type="checkbox"/> CARD <input type="checkbox"/> CHECK <input type="checkbox"/> CASH

PLEASE PRINT CLEARLY OR TYPE IN THE FIELDS.

BUSINESSES ARE NON-TRANSFERABLE. NEW OWNERSHIP REQUIRES A NEW BUSINESS LICENSE.

BUSINESS INFORMATION	
BUSINESS NAME (DBA):	
BUSINESS ADDRESS (CANNOT BE PO BOX):	
SAME AS BUSINESS ADDRESS <input type="checkbox"/>	MAILING ADDRESS:
SERVICE OF PROCESS*	
BUSINESS PHONE:	
EMAIL ADDRESS:	
FEIN OR SSN:	RESALE PERMIT NO.
STATE LICENSE NO.	STATE LICENSE TYPE:

*Required by all Sidewalk Vendors in compliance with California SB-946

DO YOU LEASE THE PROPERTY? <input type="checkbox"/> Yes <input type="checkbox"/> No
OWNER/PROPERTY MANAGEMENT COMPANY:
MAILING ADDRESS:

CONTRACTOR: CITY AWARDED CONTRACT: YES NO	GROSS RECEIPTS ESTIMATED FOR 12 MONTHS - DO NOT INCLUDE ALCOHOL SALES	\$
HOTEL/MOTEL: TRANSIENT OCCUPANCY TAXES PAID EACH QUARTER	DISTRIBUTION/WAREHOUSE CENTER	SQ. FT.

BUSINESS LICENSE TAX	FEES DUE	
Fee schedule available at: WWW.YOURRIALTO.COM	RENEWAL ADMINISTRATION FEE 1)	\$
PENALTY SCHEDULE (not applicable to contractors) 25% of box 3 if paid/postmarked AFTER January 31st 35% of box 3 if paid/postmarked AFTER February 28th 50% of box 3 if paid/postmarked AFTER March 31st	STATE FEE 2)	\$
	BUSINESS LICENSE TAX 3)	\$ TBD
	PENALTY 4)	\$
	TOTAL AMOUNT DUE 5)	\$

YOU MUST SUBMIT THIS FORM WITH PAYMENT. PLEASE INDICATE YOUR OPTION BELOW.
 RETURNED CHECKS INCUR A \$25 NON-SUFFICIENT FEE. PLEASE MAKE CHECKS PAYABLE TO: CITY OF RIALTO

- MAIL PAYMENT TO: 150 S. PALM AVE. RIALTO, CA 92376
- EMAIL W/ CC AUTHORIZATION FORM TO: CITYBL@RIALTOCA.GOV
- SUBMITTED IN PERSON AT DEVELOPMENT SERVICES

I DECLARE UNDER PERJURY THAT THE STATEMENTS 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