



BUSINESS LICENSE APPLICATION

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

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.

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.
LICENSE NO.	EXPIRATION DATE:	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:			CITY AWARDED CONTRACT: YES NO
IF YOU ARE A SUB CONTRACTOR, PROVIDE NAME OF GENERAL CONTRACTOR:			
FINANCIAL INFORMATION		OFFICE USE ONLY	
ESTIMATED GROSS RECEIPTS FOR 12 MONTHS		NO. OF QUARTERS	
		ADMINISTRATION FEE	
DISTRIBUTION ONLY: USE SQ FT x .075		STATE FEE	
CONTRACTOR: HAVING CITY CONTRACT REQUIRES TAXED AS PROFESSIONAL SRV.		BUSINESS LICENSE TAX	
HOTEL/MOTEL: TO PAY TRANSIENT OCCUPANCY TAXES PER 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.

THANK YOU FOR DOING BUSINESS IN THE CITY OF RIALTO