

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:								
EXPIRATON 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 PARTNER			RSHIP SOLE PROPRIETOR LIMITED LIABILITY CO TRUST					
DESCRIPTION OF BUSINESS ACTIVITY:								
FEIN (TAX ID): NO. OF EMPLOYEES: RESALI		RESALE NC	SQ FT OF PREMISES:					
EMAIL ADDRESS:			SEIN NO.					
LICENSE NO. EXPIRATION DATE:			LICENSE TYPE:					
BUSINESS PHONE:		BU	BUSINESS FAX:					
BUSINESS ADDRESS (CANNOT BE PO BOX):								
CHECK BOX IF SAME AS BUSINESS ADDRESS MAILING A	DDRESS:							
BUSINESS ADDRESS MAILING ADDRESS: BUSINESS OWNERS, PARTNERS, AND/OR CORPORATE OFFICERS								
NAME:			NAME:					
TITLE:			TITLE:					
ADDRESS:		AE	ADDRESS:					
Abbitcos.								
PHONE:	SSN:	PH	HONE:		SSN:			
DRIVER'S LICENSE NO.		DF	RIVER'S LICENSE N	0.				
EMERGENCY CONTACT			ALARM COMPANY					
NAME:		N/	AME:					
PHONE:			HONE:					
IF YOU ARE A CONTRACTOR PLEASE FILL OUT								
NAME/ADDRES OF PROJECT:			CITY AWARDED CONTRACT: YES NO					
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.								
FINANCIAL INFORMATION			OFFICE USE ONLY					
ESTIMATED GROSS RECEIPTS FOR 12 MONTHS			NO. C	F QUARTERS				
			ADMINIS	TRATION FEE				
DISTRIBUTION ONLY: USE SQ FT x .075				STATE FEE				
CONTRACTOR: HAVING CITY CONTRACT REQUIRES TAXED AS PROFESSIONAL SRV. HOTEL/MOTEL: TO PAY TRANSCIENT OCCUPANCY TAXES PER QUARTER		AL SRV.	BUSINESS	LICENSE TAX				
*Total amount due may be subject to change depending on the business sta		iness start o	tate *TOTAL	PENALTY 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 APLIES.