



CITY OF RIALTO BUSINESS LICENSE APPLICATION

150 S. PALM AVE. RIALTO, CA 92376
PHONE: (909) 820-2517
WWW.YOURRIALTO.COM

PLEASE TYPE OR PRINT CLEARLY				OFFICIAL USE ONLY		
Business Name	_____			Business License No.	_____	
Corporate Name <small>(if applicable)</small>	_____			Classification:	_____	
Business Address	_____			Expiration Date:	_____	
	<small>Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5</small>			Business Start Date:	_____	
Mailing Address	_____			CA Resale No.	_____	
	_____			FEIN:	_____	
Phone No.	_____	Fax No.	_____	SEIN:	_____	
Email	_____			State License No.	_____	
Description of Business	_____			State License Type:	_____	
	_____			Expire Date:	_____	
Ownership:	Corporation	Corp-Ltd Liability	Partnership	Sole Proprietor	LLC	Trust
	_____	_____	_____	_____	_____	_____
PROPERTY INFORMATION						
Property	Owned	Leased	Sq. Ft.	_____	Unit Count:	_____
Name of Proper Owner / Landlord (if leased)	_____					
Address	_____					
NPDES Permit Requirements: Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program?						
	Yes	No	NPDES / WDID Permit #	_____	SIC #	_____
INFORMATION BELOW IS NOT PUBLIC						
OWNERS, PARTNERS, OR CORPORATE OFFICERS						
1st Owner Name	_____	Title	_____	Social Security No.	_____	
Home Address	_____			Driver's License No.	_____	
	_____			Other ID No.	_____	
	_____			Phone No.	_____	
2nd Owner Name	_____	Title	_____	Social Security No.	_____	
Home Address	_____			Driver's License No.	_____	
	_____			Other ID No.	_____	
	_____			Phone No.	_____	
EMERGENCY CONTACT (other than the business owners listed above)						
Name	_____	Title	_____	Phone No.	_____	
CONTRACTORS						
Name / Address of Project:	_____			City of Rialto Department of Building and Safety Permit #	_____	
If you are a Sub Contractor, provide the name of the General Contractor:	_____					
City Awarded Contract:	Yes	No	Awarded Date:	_____	Contract Amount:	_____

This is not a permit to conduct business in Rialto. It does not sanction an 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 provide 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 state license or permit, you will need to provide documentation.

I DECLARE, UNDER PENALTY OF PERJURY, THE ABOVE STATEMENTS TO BE TRUE AND CORRECT, AND THAT I HAVE READ THIS NOTICE.

Owner or Authorized Agent Print	Owner or Authorized Agent Signature	Date
PAYMENT INFORMATION DISTRIBUTION ONLY: USE SQ.FT. x .075 CONTRACTOR: HAVING A CITY CONTRACT REQUIRES TAXED AS PROFESSIONAL SERVICES HOTEL/MOTEL: TO PAY TRANSCIENT OCCUPANCY TAXES PER QUARTER FULL FEE SCHEDULE AVAILABLE AT: WWW.YOURRIALTO.COM PLEASE MAKE CHECKS PAYABLE TO: CITY OF RIALTO MAIL TO: 150 S. PALM AVE. RIALTO, CA 92376 EMAIL: CITYBL@RIALTOCA.GOV YOU CAN MAKE A PAYMENT IN PERSON OR BY MAIL. CARD PAYMENTS ACCEPTED, FEE APPLIES.		FEES NO. OF QUARTERS _____ ADMINISTRATION FEE _____ STATE FEE (AB-1379) _____ BUSINESS LICENSE TAX _____ PENALTY _____ TOTAL AMOUNT DUE _____

THANK YOU FOR DOING BUSINESS IN THE CITY OF RIALTO



SIDEWALK VENDOR SUPPLEMENTAL APPLICATION

150 S. PALM AVE.
RIALTO, CA 92376
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OFFICE USE ONLY

BUSINESS LICENSE NO:

NO. OF PHOTOS ATTACHED:

BUSINESS NAME:

HEALTH PERMIT/DECAL NO:

EXPIRATION DATE:

BUSINESS DESCRIPTION: *A description of the type of food, beverage, or merchandise to be sold.*

CART DESCRIPTION: *A description of the cart or stand (including signage and colors) and proposed use.*

AGENTS/OPERATORS:

HOURS OF OPERATION:

	Mon	Tues	Wed	Thur	Fri	Sat	Sun
	AM	AM	AM	AM	AM	AM	AM
	PM	PM	PM	PM	PM	PM	PM

INSURANCE INFORMATION

PROVIDER:

POLICY/COVERAGE:

ADDITIONAL INSURED:

PHONE:

I declare under penalty of perjury that the statements made herein are true and correct to the best of my knowledge and belief.

Owner or Authorized Agent Signature

Date

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Incomplete applications will be rejected. Every application must include the following items:

- Signed Application (completed in full)
- Copy of photo I.D. for at least one owner/officer listed on the application
- Copy of Fictitious Business Name, Articles of Incorporation or Partnership documents
- Completed Business Compliance Certificate (for businesses located within city limits)
- Completed Home Occupation Permit (for home based businesses located within city limits)
- Copy of appropriate Professional Licenses*
- Copy of Federal Identification Number*
- Copy of SBOE Re-Sale Permit*
- Copy of Health Permit*
- Copy of Alcoholic Beverage Control (ABC) License*
- Payment (fee schedule available at www.yourrialto.com)

(*) Depending on the business type certain documentation required is applicable.

Please contact the Business License Division at (909)820-2517 for any questions.

RESALE NUMBER / SELLER'S PERMIT	California Dept of Tax & Fee Administration	www.cdtfa.gov/services
	3737 Main Street #1000 Riverside, CA 92501	(951) 680-6400
FICTITIOUS BUSINESS NAME / DBA	San Bernardino County Clerk Recorder	(855) 732-2575
	222 W. Hospitality Lane, 1st Floor. San Bernardino, CA 92415	
HEALTH AND FOOD CONCERNS	San Bernardino County Environmental Health Services	
	172 W. 3rd Street, 1st Floor San Bernardino, CA 92415	(800) 442-2283
SALES OF ALCOHOL	Alcoholic Beverage Control (A.B.C.)	www.abc.ca.gov
	3737 Main Street, Ste 900 Riverside, CA 92501	(909) 782-4400
STATE OF CALIFORNIA PERMIT ASSISTANCE CENTER	www.calgold.ca.gov	
SMALL BUSINESS ADMINISTRATION	www.sba.gov	Ph (800) 827-5722
BUREAU OF AUTOMOTIVE REPAIR	www.bar.ca.gov	Ph (800) 952-5210
CONTRACTORS LICENSING INFORMATION	Contractors State Licensing Board (CA)	Ph (800) 321-2752 www.cslb.ca.gov
FEDERAL TAX IDENTIFICATION NO.	Internal Revenue Service Tax Information	Ph (800) 829-1040 www.irs.gov
CITY OF RIALTO OFFICES	150 S. Palm Ave. Rialto, CA 92376	Ph (909) 820-2689 www.yourrialto.com
	Monday - Thursday 7:00 am - 6:00 pm	

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