



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 _____ <small>Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5</small>	Expiration Date: _____
Mailing Address _____	Business Start Date: _____
Phone No. _____ Fax No. _____	CA Resale No. _____
Email _____	FEIN: _____
Description of Business _____	SEIN: _____
Ownership: Corporation Corp-Ltd Liability Partnership Sole Proprietor LLC Trust	State License No. _____
	State License Type: _____
	Expire Date: _____
	Est. Gross Receipts: _____
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	FEES	
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.	NO. OF QUARTERS	
	ADMINISTRATION FEE	
	STATE FEE (AB-1379)	
	BUSINESS LICENSE TAX	
	PENALTY	
	TOTAL AMOUNT DUE	

CITY OF RIALTO BUSINESS LICENSE APPLICATION

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	

THANK YOU FOR DOING BUSINESS IN THE CITY OF RIALTO