



CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive • Rancho Cucamonga, CA 91730

Tel: (909) 919-2948 • Fax: (909) 919-2959

www.CityofRC.us

BUSINESS LICENSE APPLICATION

(Please print or type clearly, using ink)

AFFIDAVIT - CONFIDENTIAL (NOTE: Incomplete applications will not be processed. Post Office boxes or Postal Contract Stations will not be accepted for Business or Residential Addresses. ALL BUSINESSES LOCATED WITHIN CITY LIMITS MUST APPLY IN PERSON AT CITY HALL.)	Start Date: _____
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Business Name (DBA): _____ Business Name #2: _____ <i>(If different)</i> Business Location: _____ <i>(Not P.O. Box)</i> City: _____ State: _____ Zip: _____ Business Phone: () - _____ Business Fax: () - _____ Mailing Address: _____ <i>(If different)</i> City: _____ State: _____ Zip: _____ Business Email Address: _____	• OFFICIAL USE ONLY • BUSINESS LICENSE NO.: _____ RECEIPT NO.: _____ PAYMENT DATE: _____ BATCH NO.: _____ DATE ENTERED: _____ DATE RECEIVED: _____ RECEIVED BY: _____
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Please Note: It shall be unlawful for any packaging supplier in the City of Rancho Cucamonga to store, sell or provide Chloro Fluoro Carbons processed packaging within the City of Rancho Cucamonga. Granting of this license does not authorize the holder to violate or cause violation of any existing Covenants, Conditions and Restrictions.

Type of Business <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Contractor/Developer <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Administrative Headquarters <i>(Select one only)</i> <input type="checkbox"/> Warehouse <input type="checkbox"/> Delivery Vehicle With No Fixed Place of Business in the City <input type="checkbox"/> Property Rental/Commercial or Residential <input type="checkbox"/> Entertainment/Amusements <input type="checkbox"/> Non-Profit Organization	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="background-color: #cccccc;">ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX</th> </tr> <tr> <td>Contractor's State License No.: _____ Class: _____</td> </tr> <tr> <td>Project Name: _____</td> </tr> <tr> <td>Project Location: _____</td> </tr> <tr> <td>Total Contract Amount: _____</td> </tr> <tr> <td>General Contractor: _____ SUB LIST REQUIRED</td> </tr> </table>	ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX	Contractor's State License No.: _____ Class: _____	Project Name: _____	Project Location: _____	Total Contract Amount: _____	General Contractor: _____ SUB LIST REQUIRED
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Project Name: _____							
Project Location: _____							
Total Contract Amount: _____							
General Contractor: _____ SUB LIST REQUIRED							
Description of Business: _____ _____ _____ State License No.: _____ Seller's Permit No.: _____ FEIN: _____ No. of Employees: _____							

PERSONAL INFORMATION: Enter below names of Owners, Partners or Corporate Officers. Use Additional Sheets as necessary.

Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Ltd Liability Partnership	
Owner Name: _____ Title: _____ Phone: () - _____ Home Address: _____ Social Security No.: _____ City: _____ State: _____ Zip: _____ Driver's License No.: _____	Owner Name: _____ Title: _____ Phone: () - _____ Home Address: _____ Social Security No.: _____ City: _____ State: _____ Zip: _____ Driver's License No.: _____

BUSINESS OWNER DECLARATION (MUST BE COMPLETED)

Acceptance of payment does not constitute approval of Business License. Authorization to conduct business is not granted until license is issued. I declare, under penalty of perjury that this application is true and correct to the best of my knowledge and belief. I understand and agree that the granting of this Business License requires my compliance with all applicable City of Rancho Cucamonga Municipal Code provisions, state, local, federal laws, and all conditions set forth above.

Signature: _____ Date: _____
(Business Owner or Agent)

Name (type or print): _____

PROPERTY OWNER DECLARATION (MUST BE COMPLETED)

I declare that, I am the owner, I legally represent the owner, of real property involved in this application and do hereby consent to the filing of this Business License application.

Signature: _____ Date: _____
(Property Owner or Legal Representative)

Name (type or print): _____

• OFFICIAL USE ONLY •									
Planning Department Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____ Conditions: _____ Reasons: _____ Fire Safety Approval: _____									
Enter the amount from Box 8 on reverse of this form	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">\$</td> <td style="width:20%;"></td> </tr> <tr> <td>Penalty: 50% (if applicable)</td> <td>\$</td> </tr> <tr> <td>SB 1186 State Fee</td> <td>\$ 1.00</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td>\$</td> </tr> </table>	\$		Penalty: 50% (if applicable)	\$	SB 1186 State Fee	\$ 1.00	TOTAL AMOUNT DUE	\$
\$									
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SB 1186 State Fee	\$ 1.00								
TOTAL AMOUNT DUE	\$								
Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations, and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx , The Department of Rehabilitation at www.rehab.cahwnet.gov , The California Commission on Disability Access at www.ccca.ca.gov .									
Please make check payable to: City of Rancho Cucamonga									
Total Amount Received: \$ _____ REFUND/BILLED: \$ _____									

BUSINESS LICENSE APPLICATION - SCHEDULE OF LICENSE TAX

The payment is based on your estimated gross receipts (or payroll) for a 12-month period. This amount will be adjusted at renewal time when you report your actual gross receipts.

Box 1: Enter your estimated gross receipts for a 12-month period commencing with the first day of business. \$ (1)

* Find your business type on the table below and check the box that corresponds with the amount in Box 1.

Box 2: Enter the amount from Column A of the same line on the table your selected. (2)

Box 3: Subtract Line 2 from Line 1. (3)

Box 4: Enter the amount from column B of the same Line. (4)

Box 5: Multiply Line 3 by Line 4. (5)

Box 6: Enter the amount in Column C of that same Line. (6)

Box 7: Add Line 5 and Line 6. (7)

Box 8: **TOTAL AMOUNT DUE** \$ (8)

1. RETAIL, WHOLESALE, MISCELLANEOUS - GROSS RECEIPTS

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 25,000	0	0	\$ 23.00
<input type="checkbox"/> \$ 25,001 to \$100,000	25,000	.0006	\$ 23.00
<input type="checkbox"/> \$100,001 to \$500,000	100,000	.0003	\$ 68.00
<input type="checkbox"/> \$500,001 and over	500,000	.00015	\$188.00

2. CONTRACTORS, OWNER/BUILDER, SERVICES, PROPERTY RENTALS - GROSS RECEIPTS

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 100,000	0	.0009	\$ 20.00
<input type="checkbox"/> \$100,001 to \$750,000	100,000	.0004	\$110.00
<input type="checkbox"/> \$750,001 and over	750,000	.00025	\$370.00

3. PROFESSIONAL AND SEMI-PROFESSIONAL - GROSS RECEIPTS

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 25,000	0	0	\$ 23.00
<input type="checkbox"/> \$ 25,001 to \$100,000	25,000	.0012	\$ 23.00
<input type="checkbox"/> \$100,001 to \$500,000	100,000	.0005	\$113.00
<input type="checkbox"/> \$500,001 and over	500,000	.0002	\$313.00

4. MANUFACTURING, ADMINISTRATIVE HEADQUARTERS, WAREHOUSING - GROSS PAYROLL

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 100,000	0	.0006	\$ 20.00
<input type="checkbox"/> \$100,001 to \$1,000,000	100,000	.00025	\$ 80.00
<input type="checkbox"/> \$1,000,001 and over	1,000,000	.0001	\$305.00

Maximum Due \$1,000.00

5. DELIVERY VEHICLES - GROSS INVOICES/RECEIPTS IN RANCHO CUCAMONGA

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 10,000	0	0	\$ 36.00
<input type="checkbox"/> \$ 10,001 and over	10,000	.0006	\$ 36.00

6. ENTERTAINMENT AND AMUSEMENT - GROSS RECEIPTS

	A	B	C
<input type="checkbox"/> \$ 0 to \$100,000	0	.0018	\$ 20.00
<input type="checkbox"/> \$100,001 and over	100,000	.001	\$200.00



Business License Questionnaire

Business Name: _____ Building /Unit Size (in Sq. Ft.): _____

Business Address (include unit or Suite #): _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Please answer each question listed below. Fully describe/explain all **yes** answers on second page of this form.

Yes No

1. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time? _____
2. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____
3. Will the business include any type of adult entertainment?
4. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
5. Will your business sell, distribute, or cultivate medical marijuana? _____ **(Business Owner Initials)**
6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____
7. Will the business operation include the preparation of food or beverages?
8. Will the business store rolled paper, bundled cardboard, baled paper and/or cardboard, baled hay or straw, or similar products?
9. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
10. Will the business operation include washing of any equipment or vehicles?
11. Will the business operation include the repair or maintenance of motor vehicles?
12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?
14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing?
17. **BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION**
 Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner from obtaining the required building permits for previously unpermitted construction or any proposed improvement.

