



# CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive • Rancho Cucamonga, CA 91730  
 Tel: (909) 919-2948 • Fax: (909) 919-2959  
[www.CityofRC.us](http://www.CityofRC.us)

## BUSINESS LICENSE APPLICATION

*(Please print or type clearly, using ink)*

<b>AFFIDAVIT - CONFIDENTIAL</b> <small>(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.)</small>	<b>Start Date:</b> _____
---	--------------------------

Business Name (DBA): _____ Business Name #2: _____ <small>(If different)</small> Business Location: _____ <small>(Not P.O. Box)</small> City: _____ State: _____ Zip: _____ Business Phone: ( ) - _____ Business Fax: ( ) - _____ Mailing Address: _____ <small>(If different)</small> City: _____ State: _____ Zip: _____ Business Email Address: _____	<b>• OFFICIAL USE ONLY •</b> BUSINESS LICENSE NO.: _____ RECEIPT NO.: _____ PAYMENT DATE: _____ BATCH NO.: _____ DATE ENTERED: _____ DATE RECEIVED: _____ RECEIVED BY: _____
--	---

**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.

<b>Type of Business</b> <small>(Select one only)</small> <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 <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 colspan="2" style="background-color: #cccccc; text-align: center;">ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX</th> </tr> <tr> <td style="width: 60%;">Contractor's State License No.:</td> <td>_____ Class: _____</td> </tr> <tr> <td>Project Name:</td> <td>_____</td> </tr> <tr> <td>Project Location:</td> <td>_____</td> </tr> <tr> <td>Total Contract Amount:</td> <td>_____</td> </tr> <tr> <td>General Contractor:</td> <td>_____ 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
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												
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.*

<b>Ownership:</b> <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 •	
<b>Planning Department Approval:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____ Conditions: _____ Reasons: _____ <b>Fire Safety Approval:</b> _____	
Enter the amount from Box 8 on reverse of this form	\$ _____
Penalty: 50% (if applicable)	\$ _____
SB 1186 State Fee	\$ 1.00
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>
<small>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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a>, The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a>, The California Commission on Disability Access at <a href="http://www.ccca.ca.gov">www.ccca.ca.gov</a>.</small>	
<b>Please make check payable to: City of Rancho Cucamonga</b>	
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