



# CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive • Rancho Cucamonga, CA 91730

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www.CityofRC.us

## BUSINESS LICENSE APPLICATION

(Please print or type clearly, using ink)

<b>AFFIDAVIT - CONFIDENTIAL</b> (NOTE: Incomplete applications will not be processed. Post Office boxes or Postal Contract Stations will not be accepted for Business or Residential Addresses unless a completed United States Postal Service form 1583 is submitted.	<b>Start Date:</b> _____
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Business Name (DBA): _____ Business Name #2: _____ <i>(If different)</i> Business Location: _____ City: _____ State: _____ Zip: _____ Business Phone: ( ) - - Business Fax: ( ) - - Mailing Address: _____ <i>(If different)</i> 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: _____
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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** (Select one only)

Retail  
  Wholesale  
  Contractor/Developer  
  Service  
  Professional  
  Manufacturing  
  Administrative Headquarters  
 Warehouse  
  Delivery Vehicle With No Fixed Place of Business in the City  
  Property Rental  
 Entertainment/Amusements  
  Non-Profit Organization

Description of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State License No.: \_\_\_\_\_

Seller's Permit No.: \_\_\_\_\_

FEIN: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

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

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

**Ownership:**  Corporation  Ltd Liability Corp  Sole Proprietor  General Partnership  Trust  Ltd Liability Partnership

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) - -  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security No. or Individual Taxpayer ID No. (ITIN) or Driver's License No. or other ID No.: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) - -  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security No. or Individual Taxpayer ID No. (ITIN) or Driver's License No. or other ID No.: \_\_\_\_\_

**BUSINESS OWNER DECLARATION (MUST BE COMPLETED)**

Acceptance of payment does not constitute approval of a 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): \_\_\_\_\_

• OFFICIAL USE ONLY •	
Enter the amount from Box 8 on reverse of this form (1027)	\$ _____
Penalty (1040/1041): 50% (if applicable)	\$ _____
AB 1379 State Fee (1030)	\$ 4.00
Zoning Review Fee (1013)	\$ _____
Home Occupation Permit Fee (1013)	\$ _____
Technology Fee (1078)	\$ _____
<b>TOTAL AMOUNT DUE</b>	<b>\$ _____</b>

**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): \_\_\_\_\_

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](http://www.dgs.ca.gov/dsa/Home.aspx), The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov), The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.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 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.*



# Business License Questionnaire

Page 2

Business Name: \_\_\_\_\_

*If any **Yes** answers to the questions on the questionnaire, please list the number and answer them fully below:*