



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 unless a completed United States Postal Service form 1583 is submitted.	START DATE _____
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Business Name (DBA): _____ Business Name #2: _____ <small>(if different)</small> Business Location: _____ <small>(Not P.O. Box)</small> City _____ State _____ Zip _____ Bus. Phone _____ Bus. Fax _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ 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 <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"/> Non-Profit Organization <input type="checkbox"/> Warehouse <input type="checkbox"/> Delivery Vehicle With No Fixed Place of Business in the City <input type="checkbox"/> Property Rental <input type="checkbox"/> Entertainment/Amusements	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? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide the NPDES/WDID # and SIC # below. NPDES / WDID Permit # _____ SIC # _____
Description of Business: _____ _____ _____ SIC Code: _____ State License No.: _____ Seller's Permit No.: _____ FEIN: _____ No. of Employees: _____	

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section below.

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
 NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph(2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address

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

Ownership Corporation Limited Liability Corp. Partnership Ltd Partnership Sole Proprietor Trust Non Profit

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 _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ City _____ State _____ Zip _____

SSN/ITIN _____ DLN/Other ID No. _____ Cell Phone () _____

Social Security No. or Individual Taxpayer ID No. (ITIN) or Driver's License No. or other ID _____

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): _____

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 below (1027) \$

Penalty (1040/1041): 50% (if applicable) \$

AB 1379 State Fee (1030) \$

Zoning Review Fee (1013) \$

Home Occupation Permit Fee (1013) \$

Technology Fee (1078) \$

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, The Department of Rehabilitation at www.dor.ca.gov, The California Commission on Disability Access at www.cceda.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	.0015	\$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	.0025	\$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