

Owner's Signature: ___

City of La Puente 15900 E Main Street, La Puente CA 91744 Telephone (626) 855-1500 Fax (626) 961-4626 Attn: Business License Division – (626) 855-1508 or (626) 855-1521

BUSINESS LICENSE APPLICATION OUT OF TOWN

OFFICE	USE ONLY
Business License #:	Alter Ministrate Man
SIC CODE:	
Expiration Date:	
Application Reviewed by:	
Application Created by:	

Business Name			n La Puente involves the use of rehicle's license numbers below:
Corporate Name		1	
(if applicable)		2 3	
Business Location (Cannot be	P.O. Box per State of California Business & Professions Code-Section 17538.5)	3.	Decal # Issued
		O	wnership
Mailing Address		☐ Corporation☐ Partnership☐ Other	☐ Corp-Ltd Liability ☐ Ltd Partnership ☐ Sole Proprietor
Description of Business		Start Date	2.50
		Phone No	
State License No.	Resale No	_ Fax No	
State License Type	Federal ID No	_ APN#	
Expiration Date	State ID No	_ Email Address	
Enter below names of Owners	s, Partners, or Corporate Officers:	MO PROGRAM	Contract to
1st Owner Name	Title	Driver's License #:_	HAT ALL DO NOT THE REAL PROPERTY OF THE PARTY OF THE PART
Address		Soc. Sec. #	
(Cannot be P.O. Box)		Phone No	
		Cell Phone No	
2nd Owner Name	Title	Driver's License #:_	
Address		Soc. Sec. #	
(Cannot be P.O. Box)		Phone No	
		Cell Phone No	
In case of emergency, please	contact:		
Contact Name		Phone No	
Address		<u>-</u> 8	
If you are renting the above b	ousiness location in the City of La Puente, please complete this section:		
Landlord Name		Phone No	
Address		-6	
carry on a business at a particu	0 Business Licenses are not transferable; provided however, that where a law lar location within the city, the business license officer may, upon the filing authorize the transacting and carrying on such business under license at	g of an application by a different location wi	the licensee and payment of thin the city.
Owner's Initial:		Date:	
agree to conform with all requi business. Furthermore, I agree	ury that the statements and information contained in this application is true irements of zoning, building, fire and all other applicable laws, ordinances to notify the City of La Puente Business License Division within TEN (10) on, etc.) or any other facts required by this application.	and regulations perta	aining to the operating of su

Date: ___

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF LA PUENTE

	CITY OF LA PUENTE	
DEPARTMENTAL COMMENTS		
II		

PLEASE REMIT \$71.00 NON REFUNDABLE ONE TIME APPLICATION FOR NEW BUSINESS & CHANGE OF ADDRESS FEE IN ADDITION TO BUSINESS LICENSE TAX.

LPMC SECTION NO.	TYPE OF BUSINESSES	FEE CALCULATIONS	TOTAL FEES
5.04.480	Wholesalers and agents - vehicle license tax.	\$24.00 per each vehicle.	\$
5.04.490	Retail sellers - vehicle license tax	\$36.00 per each vehicle.	\$
5.04.630	Peddler, Photographer, and Solicitors license tax.	\$100.00	\$
5.04.680 (A)	General Contractor (Classification A & B)	\$50.00	\$
5.04.680 (B)	Sub-Contractor (Classification C)	\$40.00	\$
5.04.730	Refuse Collection license fee	\$50.00	\$
5.04.430	Retail Sales, wholesale and Miscellaneous License Tax	\$50.00 plus \$5.00 per each employee including owner.	\$
5.04.500 (D)	Coin Operated Equipment	Gross annual receiptsx 1% = \$	
SENATE BILL 1186	FOR ALL BUSINESSES TYPE	A FEE OF \$1.00	\$ 1.00

TOT	'AL:		



CITY OF LA PUENTE BUSINESS LICENSE CHECK LIST BUILDING CONTRACTOR

>	A completed application by the contractor or agent	
>	Request a copy of State Contractor License card	
>	Request a copy of contractors or agent driver's license	
>	Log into the State contractor's website to verify the personnel list and print	
>	Log into the Department of Labor website and print the S I C	
A	If the contractor is not the one obtaining the license/permits, you need a current notarized letter from the contractor authorizing the agent to act on his/her behalf.	
>	Application has to be approved by Finance Manager.	