



Finance Department, Business License
15900 Main Street, La Puente CA 91744
Phone: (626) 855-1500 Fax: (626) 961-4626

STARTING A BUSINESS IN THE CITY OF LA PUENTE?

The City of La Puente is delighted that you are interested in locating your business within our City. You will find that City of La Puente is a great place to start, relocate, or expand your business. The City prides itself on its efforts to support the growth of existing businesses and encourages new businesses to choose La Puente. In an effort to assist you we have developed our business licensing procedures to provide an easy, understandable, and streamlined application process. The City of La Puente is here to assist you along the way, and we look forward to having you and your business in the City.

CITY OF LA PUENTE LICENSE APPLICATION

Any individual, partnership, corporation or sole proprietor who wishes to conduct business within the City of La Puente must secure a business license prior to initiating operations. As part of the business license process, the Planning Division will ensure the type of business and its planned location meet the City's zoning requirements. In addition, depending on the type of business, the Building & Safety Division will also perform a site inspection to ensure conformance with the California Building Code and Fire Code. You may begin operations once the required departments have approved the your proposed business and location, and the business license application and all attached forms are submitted to the Business License Division along with the associated fee.

CITY OFFICE HOURS AND CONTACT INFORMATION

Business License Division

Finance Department
626-855-1508
626-855-1521

Planning Division

Development Services Department
626-855-1538

Building Division

626-855-1542

City Hall Hours

Monday-Thursday from 7:30 am to 5:30 pm
Fridays 7:30 am to 4:30 pm

*Please note that this guide is provided as a public service to assist those persons and entities interested in establishing and conducting a business in the City of La Puente. It is not warranted to be all-inclusive. Any errors or omissions herein will not relieve the business owner of his/her responsibility, obligation or liability in fulfilling all legal requirements.



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BUSINESS LICENSE CHECKLIST IN-TOWN BUSINESSES

- Check address to make sure property is within City's jurisdiction
- Depending on the type of business, check with planning for zoning
- Hand out business license application
- Explain all approvals needed for application to be completed
- Copies of all owner's proof of picture Identification
- Obtain a copy of a seller's permit for all retail businesses
- For all corporations, obtain a copy of the Articles of Incorporation
- Obtain a copy of Federal Tax ID (EIN) for all businesses or Social Security No.
- For restaurants or food related businesses, obtain a Health Department license
- For Non-Profits, obtain a copy of their State Exemption document 501(c)(3)
- From the Department of Labor's website, print the SIC that best describes the business
- For all Physicians, obtain a copy of their State issued license and verify on the website that license is still active
- For all Beauty Salon or Barber shops, obtain a copy of their cosmetology license and verify with the State website that license is still active
- Once application is complete and received log into system, give to Public Safety for approval
- When the application is approved by Departments, contact the business owner to notify that the application is ready for Building and Safety and Fire Department approval.



Thank you for doing
business in La Puente

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Attn: Business License Division - (626) 855-1508 or (626) 855-1521

OFFICE USE ONLY

Business License #: _____

SIC CODE : _____

Expiration Date : _____

Application Reviewed by : _____

Application Created by : _____

BUSINESS LICENSE APPLICATION

New Business

Change of Ownership

Change of Address

Business Name _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing / Service of
Process _____

Description of Business _____

State License No. _____

State License Type _____

Expiration Date _____

Resale No. _____

Federal ID No. _____

State ID No. _____

If your business activity in La Puente involves the use of
vehicles, please list the vehicle's license numbers below:

1. _____ 4. _____

2. _____ 5. _____

3. _____ Decal # Issued: _____

Ownership

Corporation

Cop-Ltd Liability

Partnership

Ltd Partnership

Other

Sole Proprietor

Start Date _____

Phone No. _____

Fax No. _____

APN # _____

Email Address _____

Enter below names of Owners, Partners, or Corporate Officers:

1st Owner Name _____ Title _____ Driver's License #: _____

Address _____ Social Security #: _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

2nd Owner Name _____ Title _____ Driver's License #: _____

Address _____ Social Security #: _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

In case of emergency, please contact:

Contact Name _____ Phone No. _____

Title _____ Alternate Phone No. _____

Address _____

If you are renting the above business location in the City of La Puente, please complete this section:

Landlord Name _____ Phone No. _____

Address _____

Note: Per LPMC Section 5.04.240 Business Licenses are not transferable; provided however, that where a license is issued authorizing a person to transact and carry on a business at a particular location within the city, the business license officer may, upon the filing of an application by the licensee and payment of a fee thereof, amend the license to authorize the transacting and carrying on such business under license at a different location within the city.

Owner's Initials: _____ Date _____

I declare, under penalty of perjury that the statements and information contained in this application is true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operating of such business. Furthermore, I agree to notify the City of La Puente Business License Division within TEN (10) days of any change in the facts stated herein (change of ownership, address, operation, etc.) or any other facts required by this application.

Owner's Signature: _____ Date _____

CITY OF LA PUENTE

DEPARTMENTAL COMMENTS

INITIAL FEE DUE AT THE TIME OF SUBMITTAL**\$150.00**

PLEASE REMIT \$150.00 NON-REFUNDABLE ONE TIME APPLICATION FEE FOR NEW BUSINESS, CHANGE OF ADDRESS OR CHANGE OF OWNERSHIP IN ADDITION TO THE BUSINESS LICENSE TAX.

LPMC SECTION NO.	TYPE OF BUSINESSES	FEE CALCULATIONS	TOTAL FEES
5.04.430	Retail Sales, Wholesale and Miscellaneous License Tax	\$ 50.00 and \$5.00 for each employee including owners	\$
5.04.440	Manufacturing License Tax	\$ 50.00 and \$5.00 for each employee including owners.	\$
5.04.450	Business Professions	\$ 50.00 and \$5.00 for employees & owners (please to the LPMC to see the list of professions)	\$
5.04.500(b)	Pool and billiards halls	Gross annual receipts \$____ X 1 % ____ = \$____	\$
5.04.500(d)	Coin operated equipment	Gross annual receipts \$____ X 1 % ____ = \$____	\$
5.04.510(a)	Circus, carnivals or other similar exhibition	\$125.00 per day plus \$25.00 per day for any side show Conducted in conjunction therewith.	\$
5.04.570	Barber shop or beauty parlor license	\$ 50.00 and \$5.00 for each employee including owners.	\$
5.04.640	Vending machines (which dispenses tangible or intangible items)	Gross annual receipts \$____ X 1 % ____ = \$____	\$
5.04.650	Multiple residential units (4 or more units)	\$1.00 per unit. Number of units ____ X \$1.00 = ____	\$
5.04.400B	Multiple Businesses	\$25.00 and \$5.00 for each employee including owners	\$
SENATE BILL 1186	FOR ALL BUSINESS TYPES	A fee of \$4.00	\$ 4.00

BALANCE Total: \$ _____



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Business Occupancy Permit

Business Name: _____

Business Location: _____ Phone: _____

Property/Building Owner's Name: _____

Address: _____ Phone: _____

Previous use of property/business: _____

How long has the building been vacant: _____

Are there existing signs on the building? YES NO

Do you intend to install new building signs? YES NO

Do you intend to change existing sign face? YES NO

Number of parking spaces: _____ Number of handicap spaces: _____

Is there live landscaping? YES NO

If yes, what type? _____

Are there trash enclosures? YES NO

I understand that no structural alteration or additions, and/or mechanical or electrical alterations or additions, and/or signs and other advertising shall be installed or erected temporarily or permanently on any lot or parcel of land unless such construction and/or advertising are first reviewed and approved by the La Puente Planning Department and/or Building and Safety Division.

Applicant Signature: _____ Date: _____



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Business Name: _____
Business Address: _____

SIGNATURE SHEET

STEP 1		PLANNING & ZONING DIVISION	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 2		CODE ENFORCEMENT DIVISION	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 3		BUILDING & SAFETY DIVISION	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 4		LOS ANGELES COUNTY FIRE DEPARTMENT	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 5		LOS ANGELES COUNTY HEALTH DEPARTMENT (562) 345 - 3441	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 6		BUSINESS LICENSE OFFICER	
Approval		Denial	
Comments:	_____ _____		
Signature:	_____		Date: _____

It is the responsibility of the applicant to obtain all proper signatures from each division. A license will not be issued unless all signatures are obtained.

OFFICE USE ONLY
NOTES



BUSINESS LICENSE DIVISION COMMERCIAL BUSINESS SUPPLEMENTAL FORM

PLEASE TYPE OR PRINT CLEARLY
MUST BE COMPLETED AND RETURNED WITH APPLICATION

Business name: _____

Business Location: _____

Please complete the following if applicable:

Name of gardener: _____ Phone Number _____

Address: _____

Name of Janitorial Services: _____ Phone Number _____

Address: _____

Name of Uniform Company: _____ Phone Number _____

Address: _____

Name of Paper Goods Supplier: _____ Phone Number _____

Address: _____

Street Sweeper (Parking Lot Services)

Name: _____ Phone Number _____

Address: _____

Maintenance Services: _____ Phone Number _____

Address: _____

Alarm/Security Services Name: _____ Phone Number _____

Address: _____

Name of Vending Machine Company: _____

Address: _____

Name of Vendor/1099 Contractor: _____

Address: _____

Name of Vendor/1099 Contractor: _____

Address: _____

Please list any other type of services not listed that you contract with or any other businesses that make deliveries to your location on the back of this document (Except Freight carrier Co.).



DISABILITY ACCESS REQUIREMENTS AND RESOURCES
**NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND
COMMERCIAL BUILDING PERMITS:**

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:

DEPARTMENT OF
GENERAL SERVICES,
Division of the State
Architect, CASp Program

www.dgs.ca.gov/dsa
www.dgs.ca.gov/casp

DEPARTMENT OF
REHABILITATION
Disability Access Services

www.dor.ca.gov
[www.rehab.cahwnet.gov/
disabilityaccessinfo](http://www.rehab.cahwnet.gov/disabilityaccessinfo)

DEPARTMENT OF
GENERAL SERVICES,
California Commission on
Disability Access

www.ccda.ca.gov
[www.ccda.ca.gov/resourc
es-menu/](http://www.ccda.ca.gov/resources-menu/)

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545,) also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created. For example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.



DISABILITY ACCESS REQUIREMENTS AND RESOURCES GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural, and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcf/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.