



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.



Thank you for doing business in La Puente

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

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. _____ Resale No. _____

State License Type _____ Federal ID No. _____

Expiration Date _____ 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 are 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 _____

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

CITY OF LA PUENTE

DEPARTMENTAL COMMENTS

PLEASE REMIT \$ 200.00 A 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 another 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



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Business Name: _____
Business Address: _____

SIGNATURE SHEET

STEP 1		PLANNING & ZONING DIVISION	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 2		CODE ENFORCEMENT DIVISION	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 3		BUILDING & SAFETY DIVISION	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 4		LOS ANGELES COUNTY FIRE DEPARTMENT	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 5		LOS ANGELES COUNTY HEALTH DEPARTMENT	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
Comments:	_____ _____		
Signature:	_____		Date: _____
STEP 6		BUSINESS LICENSE OFFICER	
Approval	<input type="checkbox"/>	Denial	<input type="checkbox"/>
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	
_____ _____ _____ _____ _____	



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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: _____



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.).