



CITY OF MONTEREY PARK

320 West Newmark Avenue, Monterey Park, CA 91754
Attn: Bus. License Dept. • (626) 307-1338 • Fax (626) 307-0753

BUSINESS LICENSE APPLICATION

- Please Check One
- NEW APPLICATION
 - CHANGE OF OWNER
 - CHANGE OF ADDRESS
 - CHANGE OF BUSINESS NAME
 - HOME OCCUPATION

• OFFICIAL USE ONLY •

LICENSE NO. _____

TYPE OF PAYMENT:

CASH

CHECK NO. _____

CREDIT CARD _____

BY: _____

Business Name _____

Business Location _____
(Not P. O. Box)

City _____ State _____ Zip _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Bus. Phone () _____ Bus. Fax () _____

E-Mail Address _____

Business Types: Retailers Wholesalers/Manufacturers Professionals Services Home Occupations Residential/Commercial Rental

State Lic. No. _____ License Type _____ Expiration Date _____

Resale No. _____ Federal I. D. No. _____ State I. D. No. _____

Ownership: Corporation Ltd Liability Corp Partnership Sole Proprietor Trust

Start Date	Description of Business

Vehicle Insurance Information

Company Name _____

Policy No. _____ Expiration Date _____

Enter below names of Owners, Partners, or Corporate Officers - Use additional sheets as necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Social Security No. _____ Drivers License No. _____

In case of emergency, please contact:

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

PLEASE COMPLETE THE FOLLOWING INFORMATION

No. of Owner/Professionals

No. of Non-Prof. Employees

No. of Vehicles

No. of Units

No. of Coin Operated (Service) Machines

No. of Game Machines

NOTE: Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN.

Gross Receipts	\$
Base Fee (includes 1 owner)	\$
Professional/ Add'l Owner Fee	\$
Non-Professional Employee Fee	\$
Units Fee	\$
Coin Operated Machine Fee	\$
Vehicle/Delivery Fee	\$
Tobacco Fee	\$
B.I.D. Fee	\$
Penalty Fee	\$
State Disability Access Fee	\$ 4.00
TOTAL DUE	\$

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing information is true and correct.

Date: _____ Title: _____

Signature: _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF MONTEREY PARK

Thank you for doing business in the City of Monterey Park!