



City of El Monte

Business License Application

PO Box 6008, El Monte, CA 91734-2008
PH (626) 580-2031 • FAX (626) 453-3612

OFFICIAL USE ONLY

Business License No. _____
Expiration Date _____
NAIC Code _____
License Fee \$ _____
Check # _____ Credit Card Cash

PLEASE TYPE OR PRINT WITH PEN

Business Name _____ **Bus. Start Date** _____

Corporate Name _____ New Application Change Home Occupation
(if applicable)

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

Mailing Address _____ **State Sales Tax No.** _____

Phone No. _____ **Alt. No.** _____ **Federal ID No.** _____

Description of Business _____ **State ID No.** _____

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust Non-Profit **State License No.** _____

Expire Date _____ **State License Type** _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ **Title** _____ **Social Security No.** _____

Home Address _____ **Driver's License No.** _____
(Cannot be P.O. Box)

Other ID No. _____

2nd Owner Name _____ **Title** _____ **Phone No.** _____

Home Address _____ **Social Security No.** _____

Driver's License No. _____

Other ID No. _____

Phone No. _____

If yes, please attach copy of approved filed FNS

Have you filed a Fictitious Business Name Statement? Yes No

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 on the back of this form

THE INFORMATION BELOW MUST BE COMPLETED FOR YOUR BUSINESS LICENSE TO BE PROCESSED
The City of El Monte business license application has been updated in accordance with California Senate Bill No. 205. The primary Standard Industrial Classification (SIC) code, identifying the primary activity of your business, must now be provided with your renewal, and your subjectivity to the State's Industrial General Permit (IGP) must be evaluated as part of this process. Please complete section 2 in Page 2 to fulfill this new requirement.

EMERGENCY NOTIFICATION - In case of emergency and I cannot be reached, please call:

Name _____ **Title** _____

Address _____ **Phone No.** _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

Business License Application Fees

CERTIFICATION AND ACKNOWLEDGEMENT

I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of El Monte Municipal Code. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the expire date.

SIGN HERE

➔ _____
Signature of Owner or Representative

Title _____ Date _____

Estimated Gross Receipts \$ _____

1. Will you be selling alcohol? Yes No
ABC License # _____ ATTACH COPY

2. Will you be selling tobacco? Yes No
Tobacco Retail # _____ ATTACH COPY

3. Is business within Mall Boundaries? Yes No

4. Sales Tax (Seller's Permit) # _____ ATTACH COPY

NOTICE: 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.cdda.ca.gov.

RETURN APPLICATION BY MAIL TO :
City of El Monte - Business Licensing
PO Box 6008
El Monte, CA 91734-2008

Thank you for doing business in the City of El Monte

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - 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

NPDES PERMIT PROGRAM, PURSUANT TO SB 205 - STORMWATER DISCHARGE

*If you are a business that is a regulated industry with storm water discharge requirements in accordance with the SB 205 NPDES permit program, please complete the following:

SIC # _____

Permit # _____

*Otherwise, please provide the following identification numbers:

Notice of Non-Applicability # _____

OR

No Exposure Certification # _____

If you do not have an SIC number or a Permit number, or if you are unaware of the requirement, please contact the State Water Resources Control Board at www.waterboards.ca.gov/water_issues/programs/stormwater/contact.html. The State Water Resources Control Board will issue your "Water Discharge Identification Number", "Notice of Non-Applicability" identification number, or "No Exposure Certification" identification number.