



CITY OF EL MONTE Business License Application

11333 Valley Blvd.
El Monte, CA 91731
Phone: (626) 580-2031 FAX: (626) 443-2102
license@elmonteca.gov

DEPARTMENT USE ONLY	
LICENSE # _____	
EXPIRATION DATE _____	
CO # _____	

GENERAL INFORMATION						
Business Name (DBA)			Description of Business (Be specific)			
Corporate Name						
Business Address						
City		State				Zip
Mailing Address (if different from Business Address)						
Sole Proprietor <input type="checkbox"/>			Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	L.L.P. <input type="checkbox"/>	
Business E-Mail			Fed Tax ID No.		State ID No.	
Does your business have a California State License? Yes <input type="checkbox"/> No <input type="checkbox"/>			State License Number	Classification(s)	Expiration Date	
Owner 1 Name						
Home Address				Area Code/Telephone		
Driver's License No.		State	Expiration Date	Social Security No.		
Owner 2 Name						
Home Address				Area Code/Telephone		
Driver's License No.		State	Expiration Date	Social Security No.		
BUSINESS OPERATIONS INFORMATION						
1. Will you be selling alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/> ABC License # _____ ATTACH COPY			FOR CITY USE ONLY			
2. Will you be selling tobacco? Yes <input type="checkbox"/> No <input type="checkbox"/> Tobacco Retail # _____ ATTACH COPY						
3. Is business within Mall Boundaries? Yes <input type="checkbox"/> No <input type="checkbox"/>						
4. Home Occupation Yes <input type="checkbox"/> No <input type="checkbox"/>						
5. Sales Tax (Seller's Permit) # _____ ATTACH COPY						
TAX SCHEDULE						
ENTER GROSS RECEIPTS \$ _____			SUBJECT TO AUDIT			
EL MONTE START DATE _____						
ACKNOWLEDGEMENT						
Payment of this tax does not constitute zoning or building code approval. Check with the Planning Department in order to determine if your business can be legally established at your location. I declare, under penalty of perjury, that I am authorized to complete this application and, that to the best of my knowledge, the provided information and statements are true and correct.						
SIGNATURE (Typing your name here constitutes your digital signature)		DATE		PRINT NAME/TITLE		
SIGNATURE (Typing your name here constitutes your digital signature)		DATE		PRINT NAME/TITLE		
NEW OR RENEWAL OF BUSINESS TAX CERTIFICATE						
On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.						
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/Home.aspx The Department of Rehabilitation at www.rehab.cahwnet.gov The California Commission on Disability Access at www.cda.ca.gov .						