



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)		Area Code/Telephone	
Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	L.L.P. <input type="checkbox"/> L.L.C. <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 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	FOR CITY USE ONLY	
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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, The Department of Rehabilitation at www.dor.ca.gov, The California Commission on Disability Access at www.cdda.ca.gov.



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BUSINESS LICENSE REQUIREMENTS

Copies of the following documents **MUST** be submitted along with a **COMPLETED Business License & Business Occupancy Permit Application** and the appropriate fees.

1. **FICTIOUS BUSINESS NAME STATEMENT (DBA)**
Contact L.A. County Clerks (562) 462-2177, 12400 Imperial Highway, Norwalk.
EXEMPT if business is a corporation and using the corporate name or if the business name is the complete personal name of applicant.
2. **SELLERS PERMIT/ TOBACCO SELLERS PERMIT**
Required for all retail/ wholesale businesses. Please contact the California Department of Tax and Fee administration at 626-480-7200, 1521 W. Cameron Ave., Suite 300, West Covina, CA 91790-2738. More info at <https://www.cdtfa.ca.gov>
3. **BUSINESS OCCUPANCY PERMIT (B.O.P)**
Fill out the provided application. Application must be signed off by **BOTH** the Planning (626-258-8626) and Building Division (626-580-2050) located at City Hall West.
Once the B.O.P has been signed off by both Planning and Building Division you may proceed to the License Division to submit and pay for your License application and B.O.P.
4. **BUSINESS LICENSE**
Fill out the provided application. Business License Department located at City Hall East
5. **FEDERAL TAX I.D. NO.**
Required for all businesses with employees. Contact the Internal Revenue Service at (800) 829-1040.
6. **HEALTH PERMIT/LICENSE**
Required for all food service or packed food sales businesses.
Contact the Health Department at (626) 430-5330, Located at 5050 Commerce Drive, Baldwin Park, CA 91706.
7. **STATE LICENSE**
Required for all professionals, and certain other Occupations.

OTHER DOCUMENTS MAY BE REQUIRED FOR OTHER TYPES OF BUSINESSES

THE COMPLETED BUSINESS LICENSE & BUSINESS OCCUPANCY PERMIT APPLICATION MUST BE SUBMITTED ALONG WITH ALL APPLICABLE DOCUMENTS