

BUSINESS LICENSE APPLICATION

City of El Monte
 License Department
 11333 Valley Blvd.
 El Monte, CA 91731
 (626)580-2031 FAX (626)443-2102

EXPIRATION DATE

Account #

Business Name				FOR OFFICE USE ONLY - VALIDATION	
Corporate Name		Business Telephone		Cash _____	Check # _____
Business Address				Charge _____	
Mailing => Address					
Description of Business				BUSINESS TAX SCHEDULE:	
Ownership Type		Legal Partnership _____	Federal ID#	State ID#	START DATE:
Sole _____		Corporation _____			
Owner #1 Social Security #	Owner #1 CA Driver's License #	State Contractor's Lic #		# Units	ESTIMATE OF GROSS RECEIPTS:
Owner #2 Social Security #	Owner #2 CA Driver's License #	Sellers Permit #			\$
Owner(s) (1) (2)		Title	Home Telephone		
Owner(s) Home Address (1)		(2)			
<p>1 Will you be selling alcohol? Yes _____ No _____ Copy of ABC License Yes _____ No _____ HOLD FOR ABC LICENSE _____</p> <p>2 Will you be applying for a sellers permit? Yes _____ No _____</p> <p>3 Is business on Mall Yes _____ No _____</p>					

CLERK INITIALS _____ **SUBJECT TO AUDIT**

WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETE INFORMATION. PLEASE MAKE ANY ADDITIONS, CORRECTIONS OR CHANGES TO THE INFORMATION ABOVE, COMPLETE THE BUSINESS TAX SCHEDULE AND RETURN THE SIGNED APPLICATION ALONG WITH YOUR PAYMENT TO THE ADDRESS LISTED ABOVE.

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ABOVE ARE TRUE.

OWNER #1/OFFICER SIGNATURE	TITLE	DATE
OWNER #2/OFFICER SIGNATURE	TITLE	DATE