



BUSINESS LICENSE APPLICATION CITY OF GLENDORA

116 E. Foothill Boulevard • Glendora, California 91741 • (626) 914-8244 • www.ci.glendora.ca.us

FILL IN BOXES 1 THRU 7 - PLEASE PRINT OR TYPE

1

Business Name _____
Business Location _____
City _____ State _____ Zip _____
Description of Business _____
Emergency Contact _____
Business Phone _____ Emergency Phone _____

Business License Number _____

4

Sales 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 California State Board of Equalization office.

State Sales Tax No. _____

Federal Tax ID No. _____

OWNERSHIP - (Circle one)

Sole Partnership Corporation LLC

Is your business located in the City of Glendora?

YES or NO

2

MAILING ADDRESS (if different from business location)

3

OWNER INFORMATION - Owners, Partners or Officers of Corporations, listed here

Name _____ Title _____
Home Address _____
City, State, Zip _____ Home Phone _____
Date of Birth _____ Driver's License # _____
Email _____ Social Security # _____

Name _____ Title _____
Home Address _____
City, State, Zip _____ Home Phone _____
Date of Birth _____ Driver's License # _____
Email _____ Social Security # _____

Attach separate page for additional owners or officers.

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 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.cdda.ca.gov

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BUILDING CONTRACTOR

I certify I am licensed under the provision of the contractor's license law and my license is in full force and effect.

Contractor's License Number & Classification _____

CITY USE ONLY

Class Code _____

NAIC Code _____

Truck Tag Issued YES or NO _____

Home Occupation forms issued? YES or NO _____

6

FEE SECTION: PLEASE COMPLETE
REVERSE SIDE AND ENTER
RESULTS HERE

Business Class _____

(1) Base Fee \$ _____

(2) Additional Tax \$ _____

(3) Penalties \$ _____

(4) Application Review \$ 77.00

(5) CA SB1186 Fee \$ 1.00

TOTAL TAX DUE \$ _____

Department Review & Approval:
(Please Initial)

Building _____ Date _____
Police _____ Date _____

Planning _____ Date _____

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CERTIFICATION AND WARNING: I certify that the above information is correct to the best of my knowledge. I understand that a business license is required to do business in Glendora under Chapter 5.04 of the Glendora Municipal Code but a **business license does not give me a right to do business.** I understand a business license is not intended for regulation and is not an endorsement nor certification of compliance with ordinances or laws. I understand that a business license is for the sole purpose of raising revenue and it is recommended that I consult with the Planning Department regarding regulatory practices.

Signature _____

Date _____

LICENSES

Business Tax Calculation. Please complete and enter applicable taxes in Section 6. **Note:** Gross receipts refer to earnings in Glendora for one year or the license period.

Business class	Description	Base Fee	Additional Tax
060(1)	Residential subdivision signs		sq. ft. x .25 up to 100 sq. ft. = _____ sq. ft. x .75 over 100 sq. ft. = _____
060(2)	Outdoor billboards (Pay the greater amount)		sq. ft. x 1.00 = _____ or signs x 75.00 ea. = _____
070-A	Resthomes, Retirement Homes	35.00	beds x \$ 2.00 per bed = _____
070-B	Sanitarium, Convalescent Homes, Infirmaries, Hospitals	35.00	beds x \$ 2.00 per bed = _____
080	Hotels, Motels	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .0004 = \$ _____
090	Public Utilities Franchise \$ 150.00 All Others	32.00 +	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .00003 = \$ _____
110	Funeral Homes, Chapels, Cemeteries Mortuary & Cemetery Funeral Chapel & Cemetery Mortuary or Funeral Home only	100.00 100.00 50.00	
130	Apartments, Mobile Home Parks, Trailer-Parks, Industrial and Commercial Rentals	35.00	No. of units _____ Less (4) Balance _____ x \$ 2.50 ea. = \$ _____
160	Circuses, Carnivals		\$ 75 per day x _____ day = _____
180	Vending Machines, Amusement Devices		\$ 35 x _____ machines = _____ or \$ _____ gross receipts x 1 % = _____
190	Delivery Vehicles		\$ 53 x _____ vehicles = _____
200	Street Vendors Principal Street Vendor Additional Street Vendors Non-resident Resident	50.00	\$ 20.00 x _____ vendors = _____ \$ 7.50 x _____ vendors = _____
210-A	Auto Dealers Gas Stations, Grocery, Meat, Fish, Fruit and Vegetable	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .00003 = \$ _____
210-B	Building Materials, Hardware, Farm and Garden Supply	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .000075 = \$ _____
210-C	Apparel & Accessories, Restaurants, Night Clubs, Furniture & Home Furnishings, Appliances, General Merchandise, Liquor or Department Stores, Tires, Batteries, Variety, Trailer Sales, Misc. Goods	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .0001 = \$ _____
210-D	Drug Stores, Dry Goods, Jewelers, Laundry, Dry Cleaners	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .000125 = \$ _____
210-E	Automotive Repair, Printing Shops, Newspapers, Misc. Retail Firms	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .00015 = \$ _____
210-F	Barber, Beauty Shops, All Other Service Firms at Retail	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .0003 = \$ _____
220-A	General Contractors	43.00	Gross receipts \$ _____ Subtract \$ 40,000 Balance \$ _____ x .00010 = \$ _____
220-B	Electrical, Plumbing, Heating, Air Conditioning Contractors	43.00	Gross receipts \$ _____ Subtract \$ 40,000 Balance \$ _____ x .00015 = \$ _____
220-C	Sub-Contractors and All Others	43.00	Gross receipts \$ _____ Subtract \$ 40,000 Balance \$ _____ x .00020 = \$ _____
230	Wholesalers/Manufacturers	53.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .00003 = \$ _____
240-A	Dental Hygienists, Physical Therapists, Oculists	58.00	
240-B	Dentists, Chiropractors, Physicians, Psychologists, Podiatrists, Optometrists, Pharmacists, Other Medical and Health Specialists	88.00	
245-A	Collection Agencies, Cosmetologists, Insurance Adjusters, Physical Training Schools, Social Workers, Tree Surgeons	48.00	
245-B	Appraisers, Bookkeepers, Brokers, Consultants, Private Investigators, Taxidermists, Communication Services, Sales Representatives	63.00	
245-C	Accountants, Architects, Civil Engineers, Geologists, Physicists, Lawyers	88.00	
250	Motion Picture/Television Production	750.00	
260	All Others	35.00	Gross receipts \$ _____ Subtract \$ 20,000 Balance \$ _____ x .0001 = \$ _____