



# CITY OF MORENO VALLEY

14177 Frederick Street • P.O. Box 88005 • Moreno Valley, CA 92552-0805  
Phone: 951.413.3080 • Fax 951.413.3096

Please Check One

- New Application
- Change of Address
- Change of Business Name

## BUSINESS LICENSE APPLICATION

PLEASE TYPE OR PRINT CLEARLY:

**Business Name** \_\_\_\_\_

**Business Location** \_\_\_\_\_  
(No P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address** \_\_\_\_\_  
(If Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health Permit No.** \_\_\_\_\_

**Bus. Phone** ( ) \_\_\_\_\_ **Bus. Fax** ( ) \_\_\_\_\_

**Cell No.** ( ) \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**No. of Employees** \_\_\_\_\_ (F/T) \_\_\_\_\_ (P/T)

**Ownership:**  Corporation  Ltd. Liability Corp.  Partnership  Sole Proprietor  Trust

<b>Date business started:</b> _____	<b>Description of Business:</b> _____
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**State Lic. No.** \_\_\_\_\_ **License Type** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Resale No.** \_\_\_\_\_ **Federal I.D. No.** \_\_\_\_\_ **State I.D. No.** \_\_\_\_\_

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - Attach additional page if necessary

**Corporate or Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Corporate or Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Social Security No.** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

EMERGENCY CONTACT:

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Phone** ( ) \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell Phone** ( ) \_\_\_\_\_

If your surname is not included in the name of your business, you will need proof of a fictitious name registration and publishing or articles of incorporation.

If your business requires a resale number or any type of license or permit, you will need to provide documentation that you have completed these required actions.

All of the above requirements must be completed before processing of the business license application can be initiated.

All businesses are subject to audit.

### CALCULATE GROSS RECEIPTS TAX: Office Use Only

(1) Enter current year's Gross Receipts \$ \_\_\_\_\_

(2) Gross Receipts Tax Rate \$ \_\_\_\_\_

(3) Gross Receipts Tax Due \$ \_\_\_\_\_  
(TOTAL of line 1 x line 2)

### CALCULATE TOTAL OF FEES AND TAX DUE:

**Required Processing Fee** \$ **61.00**

**Gross Receipts Tax Due** \$ \_\_\_\_\_  
(ENTER AMOUNT FROM LINE 3 ABOVE;  
IF LINE 3 ABOVE IS \$99.99 OR LESS, ENTER ZERO)

**No. of business vehicles** \_\_\_\_\_ x \$6.00 \$ \_\_\_\_\_

\*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](http://www.dgs.ca.gov/dsa/Home.aspx), the Department of Rehabilitation at [www.rehab.cahtwnet.gov](http://www.rehab.cahtwnet.gov), The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

I hereby certify, under penalty of perjury, that the information in this application is true, correct, and complete to the best of my knowledge and belief. I agree to comply with all applicable laws and ordinances regulating the operation of this business.

**Signature of Owner or Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_