



Thank you for doing
business in La Puente

City of La Puente
15900 E Main Street, La Puente CA 91744
Telephone (626) 855-1500 Fax (626) 961-4626
Attn: Business License Division - (626) 855-1508 or
(626) 855-1521

BUSINESS LICENSE APPLICATION OUT OF TOWN

OFFICE USE ONLY

Business License #: _____
SIC CODE: _____
Expiration Date: _____
Application Reviewed by: _____
Application Created by: _____

Business Name _____

Corporate Name _____
(if applicable)

Business Location _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

Mailing Address _____

Description of Business _____

State License No. _____ Resale No. _____

State License Type _____ Federal ID No. _____

Expiration Date _____ State ID No. _____

If your business activity in La Puente involves the use of
vehicles, please list the vehicle's license numbers below:

1. _____ 4. _____
2. _____ 5. _____
3. _____ Decal # issued _____

Ownership

☐ Corporation ☐ Corp-Ltd Liability
☐ Partnership ☐ Ltd Partnership
☐ Other ☐ Sole Proprietor

Start Date _____

Phone No. _____

Fax No. _____

APN # _____

Email Address _____

Enter below names of Owners, Partners, or Corporate Officers:

1st Owner Name _____ Title _____ Driver's License #: _____

Address _____ Soc. Sec. # _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

2nd Owner Name _____ Title _____ Driver's License #: _____

Address _____ Soc. Sec. # _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

In case of emergency, please contact:

Contact Name _____ Phone No. _____

Address _____

If you are renting the above business location in the City of La Puente, please complete this section:

Landlord Name _____ Phone No. _____

Address _____

Note: Per LPMC Section 5.04.240 Business Licenses are not transferable; provided however, that where a license is issued authorizing a person to transact and carry on a business at a particular location within the city, the business license officer may, upon the filing of an application by the licensee and payment of a fee thereof, amend the license to authorize the transacting and carrying on such business under license at a different location within the city.

Owner's Initial: _____ Date: _____

I declare, under penalty of perjury, that the statements and information contained in this application is true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operating of such business. Furthermore, I agree to notify the City of La Puente Business License Division within TEN (10) days of any change in the facts stated herein (change of ownership, address, operation, etc.) or any other facts required by this application.

Owner's Signature: _____ Date: _____

CITY OF LA PUENTE

DEPARTMENTAL COMMENTS

APPLICATION FEE DUE AT TIME OF SUBMITTAL**\$ 200.00**

LPMC SECTION NO.	TYPE OF BUSINESSES	FEE CALCULATIONS	TOTAL FEES
5.04.480	Wholesalers and agents - vehicle license tax.	\$24.00 per each vehicle.	\$
5.04.490	Retail sellers - vehicle license tax	\$36.00 per each vehicle.	\$
5.04.630	Peddler, Photographer, Ice cream vendors, and Solicitors license tax.	\$100.00	\$
5.04.680 (A)	General Contractor (Classification A & B)	\$50.00	\$
5.04.680 (B)	Sub-Contractor (Classification C)	\$40.00	\$
5.04.730	Refuse Collection license fee	\$50.00	\$
5.04.430	Retail Sales, wholesale and Miscellaneous License Tax	\$50.00 plus \$5.00 per each employee including owner.	\$
5.04.500 (D)	Coin Operated Equipment	Gross annual receipts ____x 1% ____ = \$ ____	
SENATE BILL 1186	FOR ALL BUSINESSES TYPE	A FEE OF \$ 4.00	\$ 4.00

TOTAL: _____



CITY OF LA PUENTE BUSINESS LICENSE CHECK LIST BUILDING CONTRACTOR

- A completed application by the contractor or agent ☐
- Request a copy of State Contractor License card ☐
- Request a copy of contractors or agent driver's license ☐
- Log into the State contractor's website to verify the personnel list and print ☐
- Log into the Department of Labor website and print the S I C ☐
- **If the contractor is not the one obtaining the license/permits, you need a current notarized letter from the contractor authorizing the agent to act on his/her behalf.** ☐
- Application has to be approved by Finance Manager. ☐



City of La Puente

15900 E. Main Street La Puente, CA 91744-4719 Telephone (626) 855-1500 Fax (626) 961-4626 www.lapuente.org

CERTIFICATION OF SB 205 STORMWATER COMPLIANCE

Senate Bill 205 (SB 205) requires all contractors applying for a new business license or renewal of an existing business license at the City of La Puente to provide information as detailed below.

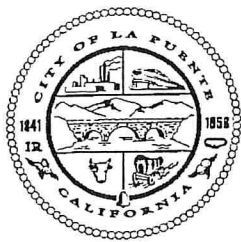
Any of the following, for each facility operated by the business, organization, or individual within the City:

- a. The stormwater permit number, known as the Waste Discharger Identification Number (WDID), issued for the facility by the State Water Resources Control Board (SWRCB): _____
- b. The WDID application number issued for the facility by SWRCB: _____
- c. The "notice of nonapplicability identification number" (NONA) issued for the facility by the SWRCB: _____
- d. The "no exposure" certification identification number (NEC) issued for the facility by the SWRCB: _____
- e. None of the above are applicable to my business (Initial Here) _____

I, (print name) _____, certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature of Applicant

Date



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DECLARACION DE CUMPLIMIENTO CON LA LEY SB 205 (AGUAS PLUVIALES)

Senate Bill 205 (ley del senado 205) requiere que todos los contratistas que soliciten una nueva licencia comercial o la renovación de una licencia comercial en la Ciudad de La Puente proporcionen la siguiente información.

Cualquiera de los siguientes, para cada instalación operada por el negocio, organización o persona dentro de la Ciudad:

- a. Numero del permiso de aguas pluviales, conocido como "Waste Discharger Identification Number" (WDID), dado para la instalación por State Water Resources Control Board (SWRCB): _____
- b. Numero de aplicacion para el permiso de aguas pluviales de SWRCB: _____
- c. El "aviso de número de identificación de no aplicabilidad" (NONA) dado para la instalación por el SWRCB: _____
- d. El número de identificación de certificación "sin exposición" (NEC) dado para la instalación por el SWRCB: _____
- e. Ninguno de los anteriores aplican a mi negocio. (Firme aquí) _____

Yo, (nombre) _____, juro bajo pena de perjurio de acuerdo con las leyes del estado de California, que lo anterior es verdadero y correcto.

Firma

Fecha