Finance Department, Business License
15900 Main Street, La Puente CA 91744
Phone: (626) 855-1500 Fax: (626) 961-4626

STARTING A BUSINESS IN THE CITY OF LA PUENTE?

The City of La Puente is delighted that you are interested in locating your business within our City. You will find that City of La Puente is a great place to start, relocate, or expand your business. The City prides itself on its efforts to support the growth of existing businesses and encourages new businesses to choose La Puente. In an effort to assist you we have developed our business licensing procedures to provide an easy, understandable, and streamlined application process. The City of La Puente is here to assist you along the way, and we look forward to having you and your business in the City.

CITY OF LA PUENTE LICENSE APPLICATION

Any individual, partnership, corporation or sole proprietor who wishes to conduct business within the City of La Puente must secure a business license prior to initiating operations. As part of the business license process, the Planning Division will ensure the type of business and its planned location meet the City's zoning requirements. In addition, depending on the type of business, the Building & Safety Division will also perform a site inspection to ensure conformance with the California Building Code and Fire Code. You may begin operations once the required departments have approved the your proposed business and location, and the business license application and all attached forms are submitted to the Business License Division along with the associated fee.

CITY OFFICE HOURS AND CONTACT INFORMATION

Business License Division
Finance Department
626-855-1508
626-855-1521

Planning Division
Development Services Department
626-855-1538

Building Division
626-855-1542

City Hall Hours
Monday-Thursday from 7:30 am to 5:30 pm
Fridays 7:30 am to 4:30 pm

*Please note that this guide is provided as a public service to assist those persons and entities interested in establishing and conducting a business in the City of La Puente. It is not warranted to be all-inclusive. Any errors or missions herein will not relieve the business owner of his/her responsibility, obligation or liability in fulfilling all legal requirements.

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BUSINESS LICENSE CHECKLIST
IN-TOWN BUSINESSES

- Check address to make sure property is within City's jurisdiction ☐
- Depending on the type of business, check with planning for zoning ☐
- Hand out business license application. ☐
- Explain all approvals needed for application to be completed ☐
- Copies of all owner's proof of picture Identification. ☐
- Obtain a copy of a seller's permit for all retail businesses. ☐
- For all corporations, obtain a copy of the Articles of Incorporation ☐
- Obtain a copy of Federal Tax ID (EIN) for all businesses or Social Security No. ☐
- For restaurants or food related businesses, obtain a Health Department license ☐
- For Non-Profits, obtain a copy of their State Exemption document 501(c)(3) ☐
- From the Department of Labor's website, print the SIC that best describes the business. ☐
- For all Physicians, obtain a copy of their State issued license and verify on the website that license is still active. ☐
- For all Beauty Salon or Barber shops, obtain a copy of their cosmetology license and verify with the State website that license is still active. ☐
- Once the application is complete and received log into system, give to Public Safety for approval. ☐
- When the application is approved by Departments, contact the business owner to notify that the application is ready for Building and Safety and Fire Department approval. ☐

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Attn: Business License Division - (626) 855-1508 or (626) 855-1521

Thank you for doing business in La Puente

BUSINESS LICENSE APPLICATION

OFFICE USE ONLY

Business License #: _____

SIC CODE : _____

Expiration Date : _____

Application Reviewed by : _____

Application Created by : _____

New Business ☐ Change of Ownership ☐ Change of Address ☐

Business Name _____

Corporate Name (if applicable) _____

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

_____

Mailing / Service of Process _____

_____

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 ☐ Cop-Ltd Liability
☐ Partnership ☐ Ltd Partnership
☐ Other ☐ Sole Proprietor

Description of Business _____ Start Date _____

Phone No. _____

State License No. _____ Resale No. _____ Fax No. _____

State License Type _____ Federal ID No. _____ APN # _____

Expiration Date _____ State ID No. _____ Email Address _____

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

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

Address _____ Social Security #: _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

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

Address _____ Social Security #: _____
(Cannot be P.O. Box)

Phone No. _____

Cell Phone No. _____

In case of emergency, please contact:

Contact Name _____ Phone No. _____

Title _____ Alternate 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 Initials: _____ Date _____

I declare, under penalty of perjury, that the statements and information contained in this application are 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 _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF LA PUENTE

CITY OF LA PUENTE

DEPARTMENTAL COMMENTS

_____

_____

_____

_____

PLEASE REMIT $ 200.00 A NON-REFUNDABLE ONE TIME APPLICATION FEE FOR NEW BUSINESS, CHANGE OF ADDRESS OR CHANGE OF OWNERSHIP IN ADDITION TO THE BUSINESS LICENSE TAX.

LPMC SECTION NO.	TYPE OF BUSINESSES	FEE CALCULATIONS	TOTAL FEES
5.04.430	Retail Sales, Wholesale and Miscellaneous License Tax	$ 50.00 and $5.00 for each employee including owners	$
5.04.440	Manufacturing License Tax	$ 50.00 and $5.00 for each employee including owners.	$
5.04.450	Business Professions	$ 50.00 and $5.00 for employees & owners (please to the LPMC to see the list of professions)	$
5.04.500(b)	Pool and billiards halls	Gross annual receipts $___ X 1 % ____ = $____	$
5.04.500(d)	Coin operated equipment	Gross annual receipts $___ X 1 % ____ = $____	$
5.04.510(a)	Circus, carnivals or another similar exhibition	$125.00 per day plus $25.00 per day for any side show Conducted in conjunction therewith.	$
5.04.570	Barber shop or beauty parlor license	$ 50.00 and $5.00 for each employee including owners.	$
5.04.640	Vending machines (which dispenses tangible or intangible items)	Gross annual receipts $_____ X 1 %_____ = $_____	$
5.04.650	Multiple residential units (4 or more units)	$1.00 per unit. Number of units_____ X $1.00 = _____	$
5.04.400B	Multiple Businesses	$25.00 and $5.00 for each employee including owners.	$
SENATE BILL 1186	**FOR ALL BUSINESS TYPES**	**A fee of $ 4.00**	**$ 4.00**

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Business Name:_____
Business Address:_____

SIGNATURE SHEET

STEP 1 — PLANNING & ZONING DIVISION

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

STEP 2 — CODE ENFORCEMENT DIVISION

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

STEP 3 — BUILDING & SAFETY DIVISION

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

STEP 4 — LOS ANGELES COUNTY FIRE DEPARTMENT

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

STEP 5 — LOS ANGELES COUNTY HEALTH DEPARTMENT

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

STEP 6 — BUSINESS LICENSE OFFICER

Approval ☐ Denial ☐

Comments: _____

Signature: _____ Date: _____

It is the responsibility of the applicant to obtain all proper signatures from each division. A license will not be issued unless all signatures are obtained.

OFFICE USE ONLY
NOTES

_____

_____

_____

_____

_____

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Business Occupancy Permit

Business Name: _____

Business Location: _____ Phone: _____

Property/Building Owner's Name: _____

Address: _____ Phone: _____

Previous use of property/business: _____

How long has the building been vacant: _____

Are there existing signs on the building? YES ☐ NO ☐

Do you intend to install new building signs? YES ☐ NO ☐

Do you intend to change existing sign face? YES ☐ NO ☐

Number of parking spaces: _____ Number of handicap spaces: _____

Is there live landscaping? YES ☐ NO ☐

If yes, what type? _____

Are there trash enclosures? YES ☐ NO ☐

I understand that no structural alteration or additions, and/or mechanical or electrical alterations or additions, and/or signs and other advertising shall be installed or erected temporarily or permanently on any lot or parcel of land unless such construction and/or advertising are first reviewed and approved by the La Puente Planning Department and/or Building and Safety Division.

Applicant Signature: _____ Date: _____

BUSINESS LICENSE DIVISION
COMMERCIAL BUSINESS SUPPLEMENTAL FORM

PLEASE TYPE OR PRINT CLEARLY
MUST BE COMPLETED AND RETURNED WITH APPLICATION

Business name: _____
Business Location: _____

Please complete the following if applicable:

Name of gardener: _____ Phone Number _____
Address: _____

Name of Janitorial Services: _____ Phone Number _____
Address: _____

Name of Uniform Company: _____ Phone Number _____
Address: _____

Name of Paper Goods Supplier: _____ Phone Number _____
Address: _____

Street Sweeper (Parking Lot Services)
Name: _____ Phone Number _____
Address: _____

Maintenance Services: _____ Phone Number _____
Address: _____

Alarm/Security Services Name: _____ Phone Number _____
Address: _____

Name of Vending Machine Company: _____
Address: _____

Name of Vendor/1099 Contractor: _____
Address: _____

Name of Vendor/1099 Contractor: _____
Address: _____

Please list any other type of services not listed that you contract with or any other businesses that make deliveries to your location on the back of this document (Except Freight carrier Co.).