



**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

OFFICE USE ONLY

Business License #: \_\_\_\_\_

SIC CODE: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Application Received by: \_\_\_\_\_

**BUSINESS LICENSE APPLICATION  
 OUT OF TOWN**

*Thank you for doing  
 business in La Puente*

**Please Type or Print in Block Letters**

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. _____ | 6. _____ |

**Ownership**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corp-Ltd Liability |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Ltd Partnership    |
| <input type="checkbox"/> Other       | <input type="checkbox"/> 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: \_\_\_\_\_

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

**CITY OF LA PUENTE**

**DEPARTMENTAL COMMENTS**

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**PLEASE REMIT \$71.00 ONE TIME APPLICATION FOR NEW BUSINESS & CHANGE OF ADDRESS FEE IN ADDITION TO LICENSE TAX**

<b>LPMC SECTION NO.</b>	<b>TYPE OF BUSINESSES</b>	<b>FEE CALCULATIONS</b>	<b>TOTAL FEES</b>
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, 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	\$

**TOTAL:** \_\_\_\_\_