

BUSINESS LICENSE APPLICATION

 City of Duarte c/o Business License Section 1600 Huntington Drive Duarte, CA 91010 (626) 386-6813 Fax (626) 358-0018 swartk@accessduarte.com	<p style="text-align: center;"><i>OFFICE USE ONLY</i></p> BUSINESS LICENSE NO. _____ LICENSE CODE _____ New Application Fee \$ 35 Disability Access Fee* \$ 1 License Fee _____ # of Employee(s) \$10 x _____ = \$ _____ TOTAL DUE \$ _____ DATE PAID _____ RECEIPT NO. _____
BUSINESS INFORMATION	
Business Name _____	Business Phone _____
DBA/Fictitious Name _____	
Business Address _____	Suite/Apt _____
	City _____
	State _____
	Zip _____
Mailing Address, if different than above _____	
Suite/Apt _____	
City _____	
State _____	
Zip _____	
Website Address _____	
Email Address, optional _____	
Type of Business <input type="checkbox"/> Contractor <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Restaurant <input type="checkbox"/> Other _____	
Business Activities _____	
Contractor License & Classification No. _____	
Job Address _____	
Date Business Opened _____	
Business Days and Hours _____	
Unit Count (Video Games, Vending Machines, etc.) _____	
No. of Employees (excluding Owner) _____	
BOE/Sellers Permit _____	
Federal ID No. _____	
SSN (Last 4 Digits of No.) _____	
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	
NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS	
Name/Title _____	Phone _____
	Driver's License No. _____
	Date of Birth _____
Home Address _____	Suite/Apt _____
	City _____
	State _____
	Zip _____
Name/Title _____	Phone _____
	Driver's License No. _____
	Date of Birth _____
Home Address _____	Suite/Apt _____
	City _____
	State _____
	Zip _____
<i>If the business property is leased, rented, or has a property manager, please complete section below.</i>	
<input type="checkbox"/> Lease/Rent _____	
Name of Owner/Landlord/Property Manager _____	
Address _____	Suite/Apt _____
	City _____
	State _____
	Zip _____
Phone _____	Email _____
ADDITIONAL EMERGENCY/AFTER HOURS CONTACT INFORMATION	
Name/Title _____	Phone _____
SIGNATURE OF APPLICANT	
<i>I declare, under penalty of perjury, the above statements to be true and correct.</i>	
Signature _____	Date _____

*Disability Access & Education; SB1186, Effective January 1, 2013 – 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 at the following agencies:

Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx | Department of Rehabilitation at www.rehab.cahwnet.gov/ | California Commission of Disability Access at www.cdda.ca.gov/