



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 - CONTRACTOR

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

Date business started:	Description of Business:

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 Ph. () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

Corporate or Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Ph. () _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____ Date of Birth _____

EMERGENCY CONTACT:

Name _____ Title _____ Phone () _____

Address _____ Cell Ph. () _____

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.

www.moval.org/biz-lic

CALCULATE GROSS RECEIPTS TAX:

(1) Job Amount (Contractors) \$ _____

(2) Gross Receipts Tax Rate \$.0005

(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, the Department of Rehabilitation at www.rehab.ca.gov/net, the California Commission on Disability Access at 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: _____

For Office Use Only

Order of Approval	Department	Date	Permit # Home Occ # Encroach #, etc.	Expires	Approved By
	Planning				
	Building				
	Police				
	Health				
	Fire				
	Fictitious Name				
	Proof of Publication				
	Articles of Incorporation ID #				

Comments: