



City of Colton

Civic Center
659 N. La Cadena • Colton, CA 92324
(909) 370-5079 • FAX: (909) 783-0875

- Please Check One*
- Business not at a residence
 - Home Occupation/Business
 - Service or Contractor doing business in Colton
 - Change of Ownership or Type of Ownership
 - Change of Business Name
 - Reapplication of Prior Business License

BUSINESS LICENSE APPLICATION

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

Business Name _____ **Bus. Phone** (____) _____

Business Location _____ **Bus. Fax** (____) _____
(Not a P.O. Box) (List address where each individual consents to receive service of process per AB2184, Sec. 16000.1(a)(2) and 16100.1(a)(2))

City _____ State _____ Zip _____ **E-Mail Address** _____

Mailing Address _____
(If Different)

City _____ State _____ Zip _____

Start Date:	Jobsite Address
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Ownership: Corporation Ltd. Liability Corp. Partnership Sole Proprietor Trust

Contractor License No. _____ Classification No. A B C

Business Occupancy No. _____ No. Of Employees _____

Resale No. _____ Health Permit No. _____

Federal I.D. No. _____ State I.D. No. _____

NOT PUBLIC INFORMATION

Owner / Partner / Officer Information

NOT PUBLIC INFORMATION

Owner Name _____ Title _____ Phone (____) _____

Home Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____

Driver's License No. _____ Social Security # /Driver License # or Other I.D. _____

Owner Name _____ Title _____ Phone (____) _____

Home Address _____ Cell Phone (____) _____

City _____ State _____ Zip _____

Driver's License No. _____ Social Security # /Driver License # or Other I.D. _____

I declare under penalty of perjury, that the information in this application is true and correct. I agree to report gross receipts for work in the City of Colton for the current fiscal year and pay any additional tax due upon expiration of this license per C.M.C 5.02.100.

AUTHORIZED SIGNATURE _____ DATE _____
RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF COLTON.

CITY USE ONLY

Business License Tax based on gross receipts, which must be reported on renewal form that will be mailed in June.

BUSINESS LICENSE EXPIRATION DATE _____

Deposit on Estimated Tax \$ 65.00

Non-Refundable Application Fee \$ 35.00

State SB 1186 \$ 4.00

TOTAL FEES \$ 104.00

NAIC _____

TAX CD1 _____

License Number Issued _____

Cash Receipt No. _____

GROSS RECEIPTS/YEAR _____

Business License Approval

Payment Method Check CC Cash