



# Business License Application

## Out of City / Rental Property Business

303 East B Street Ontario, California 91764  
 Phone: (909) 395-2022 Fax: (909) 395-2089

**THANK YOU FOR DOING BUSINESS IN ONTARIO**

- Contractor  
  Professions  
  Rental of Residential Property  
  Rental of Non-Residential Property  
  Retail Sales  
  Service

It is the business owner's responsibility to notify the City of Ontario License Division immediately if there are any changes to the business entity, which differs from the information provided on this application. The business license tax is paid for the calendar year, January 1st through December 31st. It is the business owner's responsibility to renew the business license each year.

<b>OFFICE USE ONLY</b>
Date: _____
Exp. Date: _____
License Number: _____
License Type: _____
NAICS Code: _____
SIC Code: _____

**BUSINESS INFORMATION** ( please type or print clearly ):

Business Name / DBA: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State Zip Code

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Start Date in Ontario: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

State Contractor License No.: \_\_\_\_\_

Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Worker's Compensation: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

State Sales Tax No.: \_\_\_\_\_

Description of Business (be specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional pages

<b>BUSINESS OWNER/OFFICER(S) INFORMATION</b>
Ownership Type:
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Trust
Owner/Officer Name: _____
Title: _____
Address: _____
Phone: _____ Cell Phone: _____
Soc. Sec. No.: _____
Drivers License No.: _____
Federal ID No.: _____
State ID No.: _____

**BUSINESS OWNER DECLARATION**

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 operations of such business. Furthermore, I agree to notify the City of Ontario Business License Division with ten (10) days of my change in the facts stated herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Owner/Officer or Agent

Name (print or type): \_\_\_\_\_

<b>BUSINESS LICENSE FEE CALCULATION</b>
<i>Please calculate amount due from the fee schedule on the reverse side of this application. Estimated gross receipts is based on the months that remain in this calendar year. Contractor's estimated gross receipts are the amount of the contract in the City. No portion of the license tax is prorated.</i>
<b>Estimated Gross Receipts:</b> \$ _____
<b>License Tax: (A)</b> \$ _____
<b>Base Tax Fee: (B)</b> \$50.00
<b>* SB-1186 Fee: (C)</b> \$4.00
<b>Total Due: (A + B + C)</b> \$ _____
<b>MAKE CHECKS PAYABLE TO THE "CITY OF ONTARIO"</b>
<small>* See reverse side for more information</small>

**SCHEDULE OF BUSINESS LICENSE TAX**

<b>CODE SECTION</b>	<b>TYPE OF BUSINESS</b>	<b>TAX RATE</b>
<b>3-1.201</b>	<b>PROFESSIONS</b>	<b>\$50 + .55 PER \$1,000</b>
For the purposes of this section, "profession" shall mean the professions of accountant, architect, artist, attorney-at-law, bookkeeping services, building designer, chiropractor, consulting services, dentist, home health and nursing services, hospitals and medical clinics, income tax services, interior decorating services, marriage and family counseling services, microfilming services, notary public, other health care services, physical therapists, physician, psychiatrist, and psychologist.		
<b>3-1.202</b>	<b>SERVICE</b>	<b>\$50 + .40 PER \$1,000</b>
For the purposes of this section, "services" shall mean the business of providing, maintaining or performing labor for the benefit of another; of supplying some general demand for the benefit of another; or performing any other personal service or any service in the capacity of an agent/broker. "Services" do not include the professional services described in Sec. 3-1.201 above.		
<b>3-1.203</b>	<b>CONTRACTORS</b>	<b>\$50 + .40 PER \$1,000</b>
For the purposes of this section, "contractor" shall mean any person holding a California State contractor's license.		
<b>3-1.204</b>	<b>RENTAL OF RESIDENTIAL PROPERTY</b>	<b>\$50 + .40 PER \$1,000</b>
For the purposes of this section, "residential property" shall mean every person engaged in the business of renting real property for residential occupancy in the City. Owners of residential real property who own less than three (3) dwelling units in the City are exempt from the tax imposed by this section.		
<b>3-1.205</b>	<b>RENTAL OF NON-RESIDENTIAL PROPERTY</b>	<b>\$50 + .40 PER \$1,000</b>
For the purposes of this section, "non-residential property" shall mean every person engaged in the business of renting or leasing non-residential real property in the City.		
<b>3-1.209</b>	<b>RETAIL SALES</b>	<b>\$50 + .20 PER \$1,000</b>
For the purposes of this section, "retail sales" means every person engaged in the business of selling goods, wares or merchandise at retail.		
<b>SB-1186</b>	<b>STATE DISABILITY ACCESS FEE</b>	
A state fee of \$4 on any applicant for a local business license or similar instrument or permit, or renewal thereof.		
"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:		
<ul style="list-style-type: none"><li>• The Division of the State Architect at <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a></li><li>• The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a></li><li>• The California Commission on Disability Access at <a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a></li></ul>		