



BUSINESS LICENSE APPLICATION

Department of Community Development
 415 South Ivy Avenue
 Monrovia, CA 91016-2888
 Telephone: (626) 932-5586 Fax: (626) 932-5569

The Monrovia Municipal Code requires that all businesses pay a business tax. All businesses are required to comply with all City codes and must be approved by the Department of Community Development. It is the responsibility of the applicant to maintain an active business license by renewing each year.

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| Type of Application: <input type="checkbox"/> New application <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Change of Address | (office use) License No _____ Expiration Date _____ |
| Type of Business License: <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> Contractor <input type="checkbox"/> Home Occupation <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Auto for Hire <input type="checkbox"/> Property Rental | |

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|-----------------------------|--|
| Business Information | Business Name _____ Business Address _____ City, State, Zip _____ Mailing Address _____ City, State, Zip _____ Business Phone _____ Email _____ Federal ID No. _____ State Sales Tax No. _____ Type of Ownership _____ Contractor's State License No. _____ Class _____ SIC Code _____ |
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|---------------------------|---|
| Owners Information | Owner's Name _____ Owner's Address _____ Phone _____ SSN _____ Second Owner's Name _____ Address _____ City, State, Zip _____ Phone _____ Emergency Phone _____ |
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|-----------------------------|---|
| Business Description | <u>Business operation statement.</u> Include products/services offered or produced as well as any parts of the business that are incidental to the primary use. _____ _____ Number of Employees _____ Hours of Operation Mon – Fri _____ Sat. _____ Sun. _____ Current Use of Building _____ Vacant more than 180 days? <input type="checkbox"/> Yes <input type="checkbox"/> No Building modifications required? <input type="checkbox"/> Yes <input type="checkbox"/> No New building signage? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| Affidavit | I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued. Signature _____ Date _____ |
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SUPPLEMENTAL INFORMATION TO BE COMPLETED BY IN-TOWN BUSINESSES. THIS DOES NOT APPLY TO HOME OCCUPATION LICENSES

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| Fire Supplemental Information | Will the business use any chemicals in conducting your business, including but not limited to compressed gases, cleaning materials and/or any material you would not drink or ingest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | If yes, <u>circle</u> the approximate amounts | 1-50 50+ | Gallons Pounds Cubic Feet |
| | Is this a change from the previous business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Does your facility have a sprinkler system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Does your facility have a fire alarm system? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | Does your facility have a Knox Box? If yes, the keys will need updating. <small>(This is a small metal box located out in front of the facility usually black in color. It has keys for Fire Department after hour emergency entry.)</small> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | How many square feet is the facility you intend to occupy? | _____ | |
| | If the business is moving from another location (Monrovia or other city), list previous location. | _____ | |
| | If the fire department were to respond to your facility after hours, please list two emergency contacts to call for notification. | Contact Name | Phone number |
| | | _____ | _____ |

If processing by mail please include the following:

- Completed Application Form
- All applicable schedules
- Check payable to City of Monrovia
- Mail to the attention of the Business License Officer, City of Monrovia, 415 South Ivy Avenue, Monrovia, CA 91016.

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|----------------------------|--------------------|--|--|-------------|
| Zoning (office use) | Property Zoning | _____ | | |
| | Use Classification | _____ | | |
| | Entitlements: | <input type="checkbox"/> Permitted | <input type="checkbox"/> Conditional Use | CUP # _____ |
| | | <input type="checkbox"/> Not Permitted | <input type="checkbox"/> Late Night <input type="checkbox"/> Drive-thru <input type="checkbox"/> Alcohol | |
| | Planning Approval: | _____ | | |