



CITY OF MONTEBELLO

1600 West Beverly Blvd. • Montebello, CA 90640
(323) 887-1448 - www.cityofmontebello.com

BUSINESS TAX APPLICATION AND OCCUPANCY PERMIT

Please
Check One
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- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUSINESS NAME
- HOME OCCUPATION
- UPDATING RECORDS

Business Name _____

Business Location _____
(Not P. O. Box)

City _____

State _____

Zip _____

Mailing Address _____
(If Different)

City _____

State _____

Zip _____

Bus. Phone () _____

Bus. Fax () _____

E-Mail Address _____

Description of Business _____

Business Use: Retail Wholesale Office Services Video / Vending Machine Manufacturing / Industrial Food Service

Ownership: Corporation Ltd Liability Co. Partnership Sole Proprietor Trust Non-Profit Other

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 - Use additional sheets as necessary

Owner Name _____

Title _____

Phone () _____

Home Address _____

Cell Phone () _____

City _____

State _____

Zip _____

Social Security No. _____

Drivers License No. _____

Owner Name _____

Title _____

Phone () _____

Home Address _____

Cell Phone () _____

City _____

State _____

Zip _____

Social Security No. _____

Drivers License No. _____

Property Owner Information

Name _____

Title _____

Phone () _____

Address _____

NOTICE: 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.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

APPLICANT MUST WITHIN TEN (10) DAYS THEREAFTER NOTIFY THIS OFFICE IN WRITING OF ANY CHANGES. The information contained herein is true and correct to the best of my knowledge and belief. As a condition for approval of the Business Tax Application, I agree to submit any additional information that may be required; to conduct all phases of this business in accordance with regulations established for such business and to maintain all trucks or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Completion of this form does not, in any way constitute an authorization to open your business. This is an application only and is contingent upon compliance with Building, Fire, Health and Planning Codes to be determined by inspection. (MMC 5.04.320)

Date: _____ Applicant's Signature _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF MONTEBELLO

OFFICE USE ONLY

License Reviewed & Approved By:

Business License No. _____

Expiration Date _____

License Fee \$ _____

Total Amt. Paid \$ _____

Date Paid _____ CASH/CHECK

Sic Code _____

Rate Type _____

Planning Official _____ / _____

Building Official _____ / _____

Code Enforcement _____ / _____

Economic Dev. _____ / _____

Fire Prevention _____ / _____

IPU Classification _____

Zone _____

CUP or Other _____

Conditions of Business Occupancy _____

Estimated Gross Receipt for the 12 month period \$ _____

No. of Employees _____

No. of Units _____

Base Fee \$ _____

Unit Fee \$ _____

Processing Fee \$ _____

80.00

State CASp Fee \$ _____

4.00

TOTAL AMOUNT DUE \$ _____

Thank you for doing business in the City of Montebello!

CITY OF MONTEBELLO - FEE SUMMARY - INFORMATION

7/1/2014 to 6/30/2015 - License Tax

Gross Receipts (Chapter 5.08.20)

Gross Receipts shall include the total amount received for the sale price of all goods and charges for the service without any deductions therefrom on account of property sold, the materials used, labor or service costs, interest paid or payable, losses or other expenses whatsoever attributed to sale activities or personal services.

\$ 0 to \$ 25,000	\$ 124.00	
\$ 25,001 to \$ 50,000	\$ 142.00	
\$ 50,001 to \$ 100,000	\$ 192.00	
\$ 100,001 to \$ 150,000	\$ 240.00	
\$ 150,001 to \$ 200,000	\$ 289.00	
\$ 200,001 to \$ 300,000	\$ 336.00	
\$ 300,001 to \$ 400,000	\$ 384.00	
\$ 400,001 to \$ 600,000	\$ 480.00	
\$ 600,001 to \$ 800,000	\$ 640.00	
\$ 800,001 to \$1,000,000	\$ 961.00	
\$ 1,000,001 and over	\$1,324.00	*Plus

*46 cents per \$1,000 or fractional part thereof:
Over \$1.0 Million to \$5.0 Million

*35 cents per \$1,000 or fractional part thereof:
Over \$5.0 Million to maximum \$9,376.00



<p>Type of License (Chapter 5.08.010 (A))</p> <p>Advertising Vehicle \$ 51.33 per vehicle, per day</p> <p>Apartment House (3 Units) \$ 150.00 Over 3 Units \$ 50.00 per unit</p> <p>Auctions \$ 152.00 per day</p> <hr/> <p>Business by Vehicle - (Plus \$1.00 for decal)</p> <p>Refuse trucks only \$ 676.10 per vehicle, per year Business by vehicle \$ 147.07 per vehicle, per year</p> <hr/> <p>Contractors, per quarter \$ 73.04 per year \$ 292.16</p> <hr/> <p>Junk Dealer, etc. \$ 568.52 per year</p> <hr/> <p>Outdoor advertising on signs \$ 284.26 per sign in excess of Ten \$ 22.71</p> <hr/> <p>Advertising on benches \$ 284.26 per bench in excess of Ten \$ 22.71</p> <hr/> <p>Peddler, solicitor, or itinerant \$ 284.26</p> <hr/> <p>Public Dump \$ 1,338.38 (or 2% of gross, whichever is greater)</p>	<p>Dance Permit</p> <p>Public Dance \$ 136.12 per day per location</p> <p>Cabaret \$ 2,344.13 per year per location</p> <hr/> <p>Pool or Billiard Room \$ 43.43 per table</p> <p>Oil Well Operator \$.3329 per barrel</p> <p>Shoe Shine stands \$ 51.33 per year</p> <p>Vending Machines GROSS RECEIPTS</p> <p>Child Care Center \$ 51.33 per year</p> <p>Mechanical Amusement Device \$ 54.00 per machine</p> <p>Fortune Telling \$ 788.62</p> <hr/> <p>Development Impact Fee (Chapter 3.24.010) per one-family dwelling: \$1,206.12 per trailer site: \$ 693.87</p> <hr/> <p>Transient Occupancy Tax (Chapter 3.40.030) % of rent charged by operator 10%</p>
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CITY OF MONTEBELLO - WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, one of the following declarations:

- I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license is issued.
- I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

My workers' compensation insurance carrier and policy number are:

Carrier: _____ Policy Number: _____

- I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Applicant's Name and Title (Print)

Applicant's Signature

Date

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100.00, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-3529 • [http:// www.aqmd.gov](http://www.aqmd.gov)

Air Quality Permit Checklist

California Government Code Section 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This Checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: _____

Property Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Type of Business: _____ Telephone: _____

Fax Number: _____ e-mail address: _____

Applicant (print name): _____ Signature: _____

Date: _____

- Will the facility have any of the following equipment? Yes No

Charbroiler

Dry cleaning machine

Spray booth

Printing press (screen/lithographic/flexographic)

Internal combustion engine greater than 50 HP (excluding motor vehicles)

Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)

Abrasive blasting cabinet/room

Baghouse/cartridge-type dust filter/scrubber

Motor fuel storage and dispensing equipment

- Will any of the following operations be performed? Yes No

Application of paints or adhesives

Etching, plating, casting, or melting of metals

Molding, extruding, or curing of plastics

Mixing and blending of liquids and/or powders

Storage of acids, solvents, organic liquids, or fuels

Production of fumes, dust, smoke, or strong odors

If you answered “No” to both questions, this checklist is your clearance from AQMD. If you answered “Yes” to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at **1-800-CUT-SMOG (1-800-288-7664)**.