



City of Grand Terrace (9911)
Application For New Business License
For Businesses NOT Located in Grand Terrace

This temporary certificate is valid for no longer than 30 days from the date of application or until a business license has been issued if sooner than 30 days.

Remit To: City of Grand Terrace • c/o Avenu Insights & Analytics • 373 East Shaw Ave Box 367 • Fresno, CA 93710
Toll Free Phone: (866) 240-3665 • Fax: (855) 219-4338 • Email: muniblsupport@avenuinights.com

Annual business licenses expire on December 31st of each year.
Business license renewals are due on or before the last day in January.

*NOTIFICATION: AREAS SHADED IN GRAY SHALL BE CONSIDERED PUBLIC INFORMATION PER THE CALIFORNIA PUBLIC RECORDS ACT AND CA. BUS. & PROF. CODE § 16000.1. If Applicant's business mailing address is a residential address, that address will be subject to public disclosure unless the Applicant provides a different address (e.g. PO Box) where the Applicant consents to receive service of process. If a different mailing address is not provided, a residential address may be subject to public disclosure.

Check all that apply:

__ New Application __ Change of Owner __ Change of Address __ Change of Business Name License Year _____
Application Date: ___/___/___

Legal Business Name: _____ Contractor State License #: _____

DBA (Doing Business As): _____ Total Number of Employees: _____

Business Phone: _____ Alternate Phone: _____ Fax: _____

Business Mailing Address: _____
The business mailing address will be considered the address in which you consent to receive service of process.

Business Physical Location (No PO Box): _____

Initial one:

_____ (initial) The business physical location or job site address provided above IS NOT a residential address.
_____ (initial) The business physical location or job site address provided above IS A RESIDENTIAL ADDRESS.

Ownership Type: __ Sole Proprietorship (Individual) __ General Partnership __ Corporation __ LLC __ LLP __ Trust

Please describe your business activity in detail: _____

Business email: _____ Federal ID #: _____ Business website: _____

Date Business Began in Grand Terrace: ___/___/___

Owner Information: Use separate sheet of paper with additional owners' information if necessary.

Owner Name: _____
(First Name) (Middle Initial) (Last Name)

Owner Address: _____
(Address) (City) (State) (Zip)

Owner Cell Phone: _____ Owner Phone: _____ Owner email: _____

Pursuant to CA. Bus. & Prof. Code § 16000.1, provide AT LEAST ONE of the following forms of ID (required):

SSN: _____ Valid CA DL issued by DMV #: _____ Valid CA ID # issued by DMV: _____

Taxpayer ID # issued by the IRS: _____ Municipal Identification #: _____ Issued by: _____
(Name of Municipality)

Primary Contact (Business License Related Questions and/or Emergency Contact):

Name: _____ Title: _____ Phone: _____
(First Name) (Middle Initial) (Last Name)

Address: _____ Cell Phone: _____
(Address) (City) (State) (Zip)

CASp State Mandated Disability Access/ Education Fee: On September 19, 2012, Governor Brown signed Senate Bill 1186 (SB 1186) into law. SB 1186 is intended to increase disability access, encourage compliance with construction-related accessibility requirements, develop education resources for businesses, and facilitate compliance with Federal and State disability laws. From January 1, 2013, and until December 31, 2017, cities and counties were required to collect a State mandated fee of \$1.00 from "any applicant for a local business license or equivalent instrument or permit, and from any applicant for the renewal of a business license or equivalent instrument or permit." Assembly Bill 1379 was passed on October 11, 2017 which extends the assessment of the fee indefinitely and also the State mandated fee from \$1.00 to \$4.00 from January 1, 2018 until December 31, 2023. The City is required by law to inform you of the following: 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: https://www.dgs.ca.gov/DSA; The Department of Rehabilitation at: https://www.dor.ca.gov; The California Commission on Disability Access at: http://www.dgs.ca.gov/CCDA.

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Business Name: _____ Account #: _____
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CALCULATE LICENSE AMOUNT DUE - Required for all applicants.

Check here if exempt from Business Tax, and skip to Sworn Statement at the bottom of this application. Proof of exemption is required.

Step 1: Select Business Type and Determine Fee:
 Businesses **NOT** located inside the City limits of Grand Terrace should use the below fee schedule to determine the license amount due. Check the business type(s) that apply. Using the calculations information below, enter the license fee due for the applicable business type(s).
 ► Pro-rated fees apply only to new businesses in the first year that pay based on a fixed rate.
 See Pro-Rated Fee Table for rates.

Internal Sched #	Check One	Description	Calculation/License Fee Amounts	License Fee Due
12.00	<input type="checkbox"/>	Contractor – General or Engineering	\$150.00 annual	\$
13.00	<input type="checkbox"/>	Contractor – All Others	\$80.00 annual	\$
Note: General or engineering contractors (Class A,B) who also do specialty and/or sub-contractor work (Class C) must pay the \$150.00 license fee above instead of the \$80.00 contractor license fee.				
9.00	<input type="checkbox"/>	Auctioneer	# of days _____ x \$25.00 per day	\$
11.00	<input type="checkbox"/>	Itinerant Food Concessions (per Concession/Location)	# of events _____ x \$20.00 per event	\$
11.01	<input type="checkbox"/>	Outdoor Festival, Carnival, Circus	\$150.00	\$
14.00	<input type="checkbox"/>	Dancing (public-no charge)	\$25.00 per quarter	\$
15.00	<input type="checkbox"/>	Dancing (public-for profit)	# of days _____ x \$10.00 per day or \$35.00 per Quarter	\$
17.00	<input type="checkbox"/>	Delivery by Vehicle	# of vehicles _____ x \$35.00 annual per vehicle	\$
18.00	<input type="checkbox"/>	Handbill Distributor	# of days _____ x \$20.00 per day	\$
19.00	<input type="checkbox"/>	Peddler/Solicitor	\$40.00 per quarter	\$
20.00	<input type="checkbox"/>	Professional, Outside	\$80.00 annual	\$
21.00	<input type="checkbox"/>	Real Estate Broker, Outside	\$50.00 annual	\$
22.00	<input type="checkbox"/>	Security Service	\$80.00 annual	\$
23.00	<input type="checkbox"/>	Service Company	\$50.00 annual	\$
24.00	<input type="checkbox"/>	Swap Meet	\$80.00 annual	\$
25.00	<input type="checkbox"/>	Transportation, Passenger	\$50.00 annual	\$
26.00	<input type="checkbox"/>	Business Office	\$50.00 annual	\$
27.00	<input type="checkbox"/>	Billboard	\$1,500 annual – per side # of sides _____	\$
28.00	<input type="checkbox"/>	Any other not defined above	\$50.00 annual	\$
Total License Fee Due from Step One				\$

Step 2: Add CASp (SB-1186 and AB1379) (required): (2) \$ 4.00

Step 3: Total Amount Due (Sum amounts from 1 and 2): (3) \$ _____
 Make check payable to: Tax Trust Account

SWORN STATEMENT

I acknowledge that the City of Grand Terrace's issuance of a Business License and payment of Business License Tax does not entitle me/authorized representative to conduct any business in the City that is in violation of any applicable laws. I further acknowledge that the City of Grand Terrace's issuance of a Business License does not waive the City of Grand Terrace's right in any way to enforce compliance with applicable laws against me/authorized representative. 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. *I acknowledge that whatever address has been provided by me for the purpose of legal service process will be subject to public disclosure.

 Signature of Business Owner/Authorized Representative

 Printed Name

 Date

INTERNAL USE BY CITY ONLY: APPROVED NOT APPROVED

Comments/Notes: _____

Amount Paid: \$ _____ Method: Cash Check Credit Card Date: _____ Received By: _____