



# RANCHO PALOS VERDES

## Business License Application

*Contractors*

Expires December 31, 2018

**COMPLETE ALL APPLICABLE INFORMATION. TAX SCHEDULE IS ON THE BACK OF THIS FORM.**

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Business Phone** ( ) \_\_\_\_\_ **Fax** ( ) \_\_\_\_\_ **SS # or Tax ID#** \_\_\_\_\_

**Ownership of Business** (Please Check One):  
Sole Proprietor  Corporation  Partnership   
Other (specify) \_\_\_\_\_

**Business Owner Name**  
Last \_\_\_\_\_ First \_\_\_\_\_

**Home Address** \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**Description of Business** \_\_\_\_\_

**I CERTIFY UNDER PERJURY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT.**

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:** Business license applications are due prior to commencing operations and expire each December 31st. Section 5.04.490 of the Rancho Palos Verdes Municipal Code imposes fines and criminal remedies for violation of the Business Tax Ordinance. Penalties will be assessed @ 5% for each month delinquent up to 50% of the total license fee. No extensions or waivers of the penalty amount will be granted.

*Finance Department Use Only*  
Tax \_\_\_\_\_ Penalty \_\_\_\_\_ Total Tax \_\_\_\_\_ Initials \_\_\_\_\_ Check # \_\_\_\_\_

*Planning, Building & Safety, & Code Enforcement Use Only*  
Zone \_\_\_\_\_ Moratorium \_\_\_\_\_ Approved \_\_\_\_\_  
Type \_\_\_\_\_ Planner \_\_\_\_\_ Date \_\_\_\_\_  
Comments \_\_\_\_\_

**Please use this Tax Schedule for:**            **F** Contractors

**General Contractors (State License Code A or B)**

**Total Annual Tax** \_\_\_\_\_ \$ 384.00

State Contractor's License # \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_  
(A COPY OF YOUR CURRENT STATE CONTRACTOR'S LICENSE MUST BE ATTACHED)

**All Subcontractors (State License Code C)**

**Total Annual Tax** \_\_\_\_\_ \$ 190.00

State Contractor's License # \_\_\_\_\_ Class \_\_\_\_\_ Exp Date \_\_\_\_\_  
(A COPY OF YOUR CURRENT STATE CONTRACTOR'S LICENSE MUST BE ATTACHED)

***Add Penalty (if applicable)***

**Total to Remit**

**Total Annual Tax** (from above) \_\_\_\_\_ \$ \_\_\_\_\_

**Add:** State fee for Certified Disability Access Specialist Program \_\_\_\_\_ \$ 4.00

**Add:** Late Penalty (5% per month, 50% maximum) \_\_\_\_\_ \$ \_\_\_\_\_

**Grand Total to Remit** \_\_\_\_\_ \$ \_\_\_\_\_