



LICENSE DIVISION  
 303 E. B Street  
 Ontario, California 91764  
 Phone: (909) 395-2022  
 Fax: (909) 395-2089

## Business License Application Out of City Business

**THANK YOU FOR DOING BUSINESS IN ONTARIO**

Contractor       Professions       Service       Transportation

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 1<sup>st</sup> through December 31<sup>st</sup>. It is the business owner's responsibility to renew each year.

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

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

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

Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Mailing Address: \_\_\_\_\_  
Street/P.O.                      City                      State                      Zip

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

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

State Contractor License No: \_\_\_\_\_ Class \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Worker's Compensation: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Contact Person Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**BUSINESS OWNER (S) INFORMATION:**

Sole Proprietor     Partnership     Ltd. Partnership     Corporation     LLC     Trust

Federal ID No.: \_\_\_\_\_ State ID No.: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      City                      State                      Zip

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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 within ten (10) days of any change in the facts stated herein. **I certify I am license under the provisions of the Contractors License Law and my license is in full force and effect.**

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

**OFFICE USE ONLY**

Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

License Number \_\_\_\_\_

License Type \_\_\_\_\_

NAICS Code \_\_\_\_\_

SIC Code \_\_\_\_\_

**FEE CALCULATION**

Please calculate amount due from the fee schedule on the reverse side of this application. Estimated gross receipts are base 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.

**Estimated Gross Receipts:**  
 \$ \_\_\_\_\_

**License Tax: (A) \$** \_\_\_\_\_

**Base Tax Fee: (B) \$ 50.00**

**Total Due: (A+B) \$** \_\_\_\_\_

MAKE CHECK PAYABLE TO THE  
 "CITY OF ONTARIO".

**SCHEDULE OF BUSINESS LICENSE TAX**

<i>CODE SECTION</i>	<i>TYPE OF BUSINESS</i>	<i>TAX RATE</i>
3-1.201	PROFESSIONS	\$50 + .55 PER \$1,000

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 psychologists.

3-1.202	SERVICE	\$50 + .40 PER \$1,000
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For the purposes of this section, "service" 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. "Service" does not include the professional services described in Sec. 1.201 above.

3-1.203	CONTRACTORS	\$50 + .40 PER \$1,000
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For the purposes of this section, "contractor" shall mean any person holding a California State contractor's license.

3-1.215	TRANSPORTATION	\$40 PER VEHICLE
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For the purposes of this section, "transportation" means every person engaged in the business of transporting persons or property by vehicles driven on the streets of the City.

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