



# City of South El Monte Business Registration Application

• Business Registration Division •  
8839 N Cedar Ave #212, Fresno, California 93720  
PH 626-332-5797 • FAX (909) 348-0465

Apply Online Today At <https://southelmonte.hdlgov.com>

OFFICIAL USE ONLY	
Business Registration No..	_____
Expiration Date	_____
NAIC Code	_____
Registration Fee \$	_____
Check # _____	<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash

**PLEASE TYPE OR PRINT WITH PEN**

Business Name _____	Bus. Start Date _____
Corporate Name _____ (if applicable)	<input type="checkbox"/> New Application <input type="checkbox"/> Change <input type="checkbox"/> Home Occupation
Business Location _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	Email Address _____
Mailing Address _____	State Sales Tax No. _____
Phone No. _____ Alt. No. _____	Federal ID No. _____
Description of Business _____	State ID No. _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Non-Profit	State License No. _____
	State License Type _____
	Expire Date _____

**PERSONAL INFORMATION** - Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name _____ Title _____	Social Security No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver's License No. _____
	Home Phone No. _____
	Cell Phone No. _____
2nd Owner Name _____ Title _____	Social Security No. _____
Home Address _____ <small>(Cannot be P.O. Box)</small>	Driver's License No. _____
	Home Phone No. _____
	Cell Phone No. _____

Type of Business :  Contractor,  Retail/Wholesale,  Warehouse,  Import/Export,  Repair Services,  Rental Property,  Professional,  
 Sewing/Garment,  Other

**EMERGENCY NOTIFICATION** - In case of emergency and I cannot be reached, please call:

Name _____	Title _____
Address _____	Phone No. _____
	Cell Phone No. _____

**PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN**

**CERTIFICATION AND ACKNOWLEDGEMENT**  
I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the City of South El Monte Municipal Code Chapter 5.04 Business Licenses and chapter 5.06 Business Registration. I understand that Sales or Use Tax may apply to my business activities. Upon issuance of a Business License, it shall be my responsibility to renew the license before the end of anniversary month.

→  
SIGN HERE Signature of Owner or Representative  
Title \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for doing business  
in the City of South El Monte*

**Business Statistical Information**

No. of Residential Rental Units # _____	No. of Owners/Employees # _____
No. of Vehicles Entering the City # _____	SQ. FTG. of Floor Area Being Occupied _____ SF

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](http://www.dgs.ca.gov/dsa/Home.aspx) - The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

**RETURN APPLICATION BY MAIL TO:**  
City of South El Monte - Business Registration  
8839 N. Cedar Ave #212  
Fresno, CA 93720-1832

**SCAN & RETURN APPLICATION BY EMAIL TO:**  
[support@hdlgov.com](mailto:support@hdlgov.com)