



City of Colton

Civic Center
659 N. La Cadena • Colton, CA 92324
(909) 370-5079 • FAX: (909) 783-0875

<i>Please</i>	New Business License	<input type="checkbox"/>
<i>Check</i>	Change of Address	<input type="checkbox"/>
<i>One</i>	Change of Business Name/Operator	<input type="checkbox"/>

RENTAL HOUSING BUSINESS LICENSE APPLICATION

PART I: Business Information

Name on Title _____ Contact Phone (_____) _____

Rental Property Address _____ Bus. Fax (_____) _____
(Not a P.O. Box) (List address where each individual consents to receive service of process per AB2184, Sec. 16000.1 (a)(2) and 16100.1 (a)(2))

City _____ State _____ Zip _____ E-Mail Address _____

Mailing Address _____

City _____ State _____ Zip _____

Rental Purchase Date	Description of any other business operated or to be operated at the same premise:
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PART II: Ownership Information

Type of Ownership: Corporation LLC Partnership Sole Proprietor Trust

NOT PUBLIC INFORMATION	*** Owner / Partner / Officer Information/ Representative***	NOT PUBLIC INFORMATION
Owner Name _____	Title _____	Phone (_____) _____
Home Address _____	City _____	State _____ Zip _____
Driver's License No. _____	Social Security # / Driver License # or Other I.D. _____	
Owner Name _____	Title _____	Phone (_____) _____
Home Address _____	City _____	State _____ Zip _____
Driver's License No. _____	Social Security # / Driver License # or Other I.D. _____	

Complete Part III on Reverse Side

CITY USE ONLY			
Business License Tax based on gross receipts, which must be reported on renewal form that will be mailed in December.			
Deposit on Estimated Tax	\$ 65.00	NAIC	_____
Non-Refundable Application Fee	\$ 35.00	TAX CD1	_____
State SB 1186	\$ 4.00	License Number Issued	_____
TOTAL FEES	\$ 104.00	Cash Receipt No.	_____
Payment Method	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Cash <input type="checkbox"/>
			Business License Approval
Council District _____			