



415 S Ivy Ave
Monrovia, CA 91016

Mondays - Thursdays
7 AM - 6 PM

Business License Application

DEPARTMENT OF COMMUNITY DEVELOPMENT

Building **Neighborhood and Business Services** Planning

626-932-5582 | EMAIL: License@monroviaca.gov

You will receive a reply regarding payment after email submission.

The Monrovia Municipal Code requires that all businesses pay a business tax. All businesses are required to comply with all City codes and must be approved by the Department of Community Development. **It is the responsibility of the applicant to maintain an active business license at all times when conducting any work in our jurisdiction.**

Type of Application:	<input type="checkbox"/> New Application	Office Use Only
		License No:
Type of Business License:	<input type="checkbox"/> Out of Town / Contractor	Expiration Date:

Business Information	Business Name:	_____	
	Business Address:	_____	City, State, Zip: _____
	Mailing Address:	_____	City, State, Zip: _____
	Business Phone:	_____	Email: _____
	Driver License #::	_____ Exp ___/___/___ State _____	Federal ID #: _____
	Type of Ownership:	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Seller Permit #: _____

Owner Information	Business Owner or Company Name:	_____	Phone: _____
	Home Address:	_____	Email: _____
	Second Owner: (If applicable)	_____	Phone: _____
	Home Address:	_____	Email: _____
	Emergency Phone:	_____	

Business Operation	Business Operations Statement: (Products/services offered or produced)

	# of Employees on job site: _____ CSLB #: _____

Affidavit	I hereby certify under penalty of perjury that the information provided herein is to the best of my knowledge and belief, a true and complete statement. I understand that this application is not a license and that no business activity may commence until a business license is issued.
	Signature _____ Date _____