



RANCHO PALOS VERDES

Business License Application

General Contractors & Subcontractors

Expires December 31, 2026

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

(Check One): ☐ Renewal

☐ New License & Date (Business Began Operating In the City): _____

Business Name _____

Business Address _____

City _____ Zip _____

Mailing Address _____

(If Different From Above)

City _____ Zip _____

Business Phone () _____ Email _____

Business Classification (Check One): ☐ Sole Proprietor ☐ Corporation ☐ Partnership

Other (Specify) _____

Tax ID (FEIN, SSN) _____

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 AND THAT THE AFOREMENTIONED BUSINESS IS OBEYING ALL FEDERAL, STATE AND LOCAL LAWS.

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

30940 Hawthorne Boulevard, Rancho Palos Verdes, CA 90275

Business License Office (310) 544-5301 www.rpvca.gov

BusinessLicense@rpvca.gov

Please use this Tax Schedule for:

F Contractors

General Contractors (State License Code A or B)

Total Annual Tax _____ \$ 396.00

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 _____ \$ 196.00

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 _____ \$ _____