



## BUSINESS REINSTATEMENT FORM

**Please complete all sections with asterisks. Incomplete applications will not be processed.**

**\*Business Name/DBA** \_\_\_\_\_

**\*Business Address - (Street Address)** \_\_\_\_\_

(Cannot be P.O. Box per State of California Business & Professions Code Section 17538.5)

(City/State/Zip) \_\_\_\_\_

**\*Business Phone No.** \_\_\_\_\_

**Business Fax No.** \_\_\_\_\_

**\*Email Address** \_\_\_\_\_

**\*Website** \_\_\_\_\_

**\*Mailing Address (if different)** \_\_\_\_\_

**\*Description of Business Activities** \_\_\_\_\_

**\*No. of Employees** \_\_\_\_\_

**\*Ownership:**  Corporation

Ltd Liability

Sole Proprietor

Partnership

Trust

Non-Profit

### OFFICIAL USE ONLY

**Business Registration #** \_\_\_\_\_

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

**SIC/NAICS CODE** \_\_\_\_\_

### Complete all below that apply

**\*Business Start Date** \_\_\_\_\_

**\*Sellers Permit No.** \_\_\_\_\_

**\*Federal I.D. No.** \_\_\_\_\_

(FEIN)

**\*State I.D. No. (SEIN)** \_\_\_\_\_

**ITIN/Other ID No.** \_\_\_\_\_

**\*State Contractors #** \_\_\_\_\_

### Owners, Partners, or Corporate Officers

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back or bottom of this form.

**\*Owner/Officer** \_\_\_\_\_

**\*Title** \_\_\_\_\_

**\*Home Address** \_\_\_\_\_

**\*Home Phone No.** \_\_\_\_\_

**\*City/State/Zip** \_\_\_\_\_

**\*Cell Phone No.** \_\_\_\_\_

**Co-Owner (if applicable)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Cell Phone No.** \_\_\_\_\_

### Emergency Contact:

**Name:** \_\_\_\_\_

**Cell Phone#** \_\_\_\_\_

### \*Select one of the following:

I AM NOT EXEMPT FROM PAYING REGISTRATION FEES

I AM EXEMPT FROM PAYING REGISTRATION FEES  
(Registrant must complete Declaration of Exemption on the following page)

**Mandatory State Fee required by AB 1379 pertaining to the state "Certified Access Specialists" Program**

### \*Select one of the following:

**Reinstatement fee \$45.00**

**State CASp Fee \$4.00**

**TOTAL FEE \$ 49.00**

Acceptance of payment does not constitute approval of business registration or issuance of a Business Registration Certificate pursuant to Ordinance No. 2012-04, and is not an assurance that the business conforms with City zoning regulations, zoning ordinances or laws. Authorization to conduct business is not granted until issuance of a Business Registration Certificate and business is in compliance with applicable City ordinances and regulations.

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION IS TRUE AND CORRECT

**\*Signature of Owner or Representative** \_\_\_\_\_

**Date** \_\_\_\_\_

**RETURN COMPLETED CHANGE NOTICE TO ABOVE ADDRESS WITH A CHECK PAYABLE TO CITY OF JURUPA VALLEY.  
CREDIT CARD PAYMENTS MUST BE MADE IN PERSON AT CITY HALL**