





## CITY OF NORCO

2870 CLARK AVENUE, NORCO CA 92860  
(951) 270-5679 FAX. (951) 270-5668

### SB-1186 Fee – New or Renewal of Business License

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On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

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)



**CITY OF NORCO**  
 2870 CLARK AVENUE NORCO, CA 92860-1903  
 (951) 270-5679 - Fax (951) 270-5668

*Please Check One*

- |  |  |
|--|--|
| <input type="checkbox"/> New Application   | <input type="checkbox"/> Change of Business Name |
| <input type="checkbox"/> Change of Owner   | <input type="checkbox"/> Home Occupation         |
| <input type="checkbox"/> Change of Address | <input type="checkbox"/> Reinstated              |

## BUSINESS LICENSE APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF NORCO (PLEASE PRINT OR TYPE)

Business Name: _____ Corporate Name: _____ (If Applicable) Business Location: _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small> _____ Address _____ City _____ State _____ Zip Mailing Address: _____ _____ Address _____ City _____ State _____ Zip Bus. Phone _____ Fax _____ Email: _____ Description of Business: _____		<b>OFFICIAL USE ONLY</b>	
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		Business License No. _____	_____
		SIC/NAIC Code: _____	_____
		Bus. Start Date in Norco _____	_____
		Resale No. _____	_____
		Federal Tax ID No. or SSN _____	_____
		No. of Delivery Vehicles _____	_____
		Vehicle Permit No. _____	_____
		Contractor Lic. No. _____	_____
		Contractor Lic. Type _____	_____
		Expire Date: _____	_____

**Enter below, names of Owners, Partners, or Corporate Officers** (attach additional sheets, if necessary)

1st Owner Name: _____	Title: _____	Driver Lic No. _____
Home Address: _____	_____	Cell Phone No. _____
<small>(Cannot be P.O. Box)</small>	_____ Address	Home Phone No. _____
_____	_____ City _____ State _____ Zip	
2nd Owner Name: _____	Title: _____	Driver Lic No. _____
Home Address: _____	_____	Cell Phone No. _____
<small>(Cannot be P.O. Box)</small>	_____ Address	Home Phone No. _____
_____	_____ City _____ State _____ Zip	

**In Case of Emergency, Please Contact** (attach additional sheets, if necessary)

Contact Name: _____	Phone No. _____
Address: _____	_____
_____	_____ Address
_____	_____ City _____ State _____ Zip
	Cell / Home Phone: _____

**List Below Name of Property Owner / Managers** (In-town Only)

Building Owner: _____	Business Phone: _____
Address: _____	_____
_____	_____ Address
_____	_____ City _____ State _____ Zip
	Cell / Home Phone: _____

<b>Contractors Only</b> Job Site Address: _____ Date Starting Job: _____ Est. Date of Job Completion: _____ W/Comp Expiration Date: _____ No. of Employees (excluding owner - \$10. each) <input type="text"/>	<b>APPROVALS</b>		<b>FOR OFFICIAL USE ONLY</b>	
	Planning Home <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date _____ _____ Signature	Basic Fee <input type="text"/>	Employee Fee <input type="text"/>	Fire Fee <input type="text"/>
	Planning Commerical <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date _____ _____ Signature	Processing Fee <input type="text"/>	Penalty Fee <input type="text"/>	SB1186 Fee <input type="text"/>
	<b>Vending Machines</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Est. Gross Receipts <input type="text"/>		Total Fee Due <input type="text"/>	

**I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER ACKNOWLEDGE THAT THIS APPLICATION DOES NOT CONSTITUTE A VALID BUSINESS LICENSE AND WILL ONLY BE CONSIDERED VALID ONCE ALL DEPARTMENTAL REVIEWS HAVE BEEN COMPLETED, APPROVALS HAVE BEEN OBTAINED AND AN ACTUAL BUSINESS LICENSE HAS BEEN ISSUED BY THE CITY.**

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

Title \_\_\_\_\_

Date \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO: CITY OF NORCO**



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## COMMERCIAL BUSINESS SUPPLEMENTAL FORM

**PLEASE TYPE OR PRINT CLEARLY**  
**MUST BE COMPLETED AND RETURNED WITH APPLICATION**

BUSINESS OWNER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

ASSISTANT MANAGER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

REGIONAL/DISTRICT MANAGER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_ AM TO \_\_\_\_\_ PM DAYS:                                   

# OF FULL-TIME EMPLOYEES: \_\_\_\_\_ # OF PART-TIME EMPLOYEES: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

DO YOU SELL TOBACCO OR TOBACCO PARAPHERNALIA  YES  NO

NAME OF GARDNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF JANITORIAL SERVICES: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF UNIFORM COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PAPER GOODS SUPPLIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET SWEEPER (PARKING LOT SERVICES)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF WATER SUPPLIER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAINTENANCE SERVICES: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALARM/SECURITY SERVICES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF VENDING MACHINE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PLEASE LIST ANY OTHER TYPE OF SERVICES NOT LISTED THAT YOU CONTRACT WITH OR ANY OTHER BUSINESSES THAT MAKE DELIVERIES TO YOUR LOCATION ON THE BACK OF THIS DOCUMENT (EXCEPT FREIGHT CARRIER CO.).**



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## PRETREATMENT SURVEY FORM – return to: Public Works

Please complete the following information and answer the 8 questions. Form **MUST** be included with business license application form.

Business Name \_\_\_\_\_  
(As it appears on Business License)

Business Address \_\_\_\_\_ - Norco, CA, 92860 - \_\_\_\_\_

Mailing Address, if different than above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Contact Person/Title (print legibly) \_\_\_\_\_

Phone # including area code: Office \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - Cell - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Describe your business activity:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ a. Do you sell tobacco or tobacco paraphernalia?  Yes  No

2. Does your business discharge any process water or wastes to the City's sewer system other than normal restroom waste?  Yes  No

3. Does your business use any material or generate any waste which is considered hazardous?  Yes  No

4. Does your business have any waste or recycled material which is hauled to an off site location?  Yes  No

5. Does your business use any solvents?  Yes  No

6. Are there any floor drains at your business in your work areas?  Yes  No

7. Does your business have a boiler and/or a cooling tower which has ANY discharge to the City's sewer system?  Yes  No

8. Does your business have an on-site water treatment system?  Yes  No

A. If yes, does the system regenerate to the sewer system or is it an exchange tank system?

Sewer System  Exchange Tank System

Other \_\_\_\_\_

Thank you for completing the survey. Please return this form with your business license application.



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## **FIRE DEPARTMENT EMERGENCY CONTACT INFORMATION**

To assist us in contacting you in case of an emergency at your place of business, please complete the following and submit with your license renewal package.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fire Alarm:                      Yes    or    No    Audible or Silent

Sprinklers in Building:      Yes    or    No    Knox Box Location: \_\_\_\_\_

Police Alarm:                      Yes    or    No    Audible or Silent

Alarm Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact:

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Phone No. \_\_\_\_\_

3. \_\_\_\_\_ Phone No. \_\_\_\_\_

Any special instructions/circumstances: (guard dog, electric fences, harmful chemicals, flammable materials, heart monitor, etc.)

\_\_\_\_\_

\_\_\_\_\_



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### **FIRE DEPARTMENT QUESTIONNAIRE FOR COMMERCIAL BUSINESS**

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The purpose of this questionnaire is to provide general information to the Fire Department to address any requirements for the business in the early stages of the approval process. If you have any questions or need assistance in filling out this questionnaire, please contact the Norco Fire Department at (951) 737-8097, extension 2204, Monday through Thursday 8:00 a.m. to 6:00 p.m.

1. Does your building contain fire sprinklers? (circle one) Yes or No
  2. What is the total square footage of your business? \_\_\_\_\_
  3. Provide the name(s) of any previous business at your location. \_\_\_\_\_
  4. Do you have a current Certificate of Occupancy listing your business name? Yes or No Note: Certificate of Occupancy (C of O) identifies the original intended use of the suite/building. If the intended use is not the same as the original C of O, a new C of O must be issued by the Building Official. Please post the C of O at your place of business.
  5. What is the intended use of your business? Ex: Retail, Office, Auto body shop, Spraying operation, High-piled rack storage, Wood shop, Repair shop, Welding, etc. If you have multiple intentions of use, please **list all of them and provide a floor plan** with location of different operations of business.  
\_\_\_\_\_  
\_\_\_\_\_
  6. Is the building housing other business tenants? \_\_\_\_\_ or solely yours? \_\_\_\_\_ If additional businesses are adjacent to yours, indicate on a separate sheet of paper a floor plan of the adjacent business to your operations.
  7. Do you have **any** flammable/combustible liquids, compressed gases, or hazardous materials /chemicals located in your business? Yes or No If yes, please complete and submit a Chemical Inventory Package for review. The aforementioned Package may be obtained at the Fire Administrative Office.
  8. Are your exit doors and exit signs conforming to the latest code? Yes or No (Ex: Exit sign illumination, panic hardware or no knowledge hardware on additional exit doors except main entrance)
  9. Will you be conducting any tenant improvements to building? Yes or No (Ex: New walls added/removed, new electrical, plumbing, etc.) If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_
  10. Does your business have any mechanical equipment currently on site or will be placing on site at a future date? Yes or No (Ex: Spray booths, Ventilation system, Heavy machinery, Flammable/combustible storage tanks or containers). If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_
-



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### ***FIRE DEPARTMENT QUESTIONNAIRE FOR COMMERCIAL BUSINESS***

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I certify that the information provided in this questionnaire is correct and complete and I understand that as a representative of the business, it is my responsibility to inform the City of Norco's Fire Department of any changes made in the future. Please keep in mind that any changes made to the business may require obtaining additional permits or fees and also require the issuance of a stop order notice of business operations.

Signature\_\_\_\_\_

Print Name\_\_\_\_\_



# FIRE DEPARTMENT PERMIT SCREENING FORM



This questionnaire was developed by the Riverside County Fire Department to facilitate review of your plans, the issuance of required building and fire permits, as well as issuance of your Certificate of Occupancy and/or Business License.

To determine which regulations your business is subject to, please read, complete and sign this questionnaire. Most questions require only a "yes" or "no" response.

Business Name	Contact Person	( )	
Mailing Address	City	State	Zip
Facility Address	City	State	Zip

Describe the business operation, activity, or process (e.g. semiconductor fabrication, auto repair- oil changes, wholesale pool supply, restaurant, etc.) and amounts of flammable, combustible, or hazardous materials.

### Please answer all of the following questions:

Will you conduct the following processes on site or use, store, handle any of the following materials? (Check all that apply):

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | AEROSOL PRODUCTS (storage in excess of 500 pounds net weight)  |
| <input type="checkbox"/> | <input type="checkbox"/> | ASSEMBLY OCCUPANCY (50 or more people gathered for drinking, dining, education, religion, etc.)                          |
| <input type="checkbox"/> | <input type="checkbox"/> | AUTOMOBILE WRECKING YARD   |
| <input type="checkbox"/> | <input type="checkbox"/> | BATTERY/SYSTEM/STORAGE/CHARGING  |
| <input type="checkbox"/> | <input type="checkbox"/> | COMBUSTIBLE FIBER STORAGE  |
| <input type="checkbox"/> | <input type="checkbox"/> | COMBUSTIBLE MATERIAL STORAGE 2500 cubic feet (includes empty packing cases, boxes, barrels, rubber or cork, etc.)        |
| <input type="checkbox"/> | <input type="checkbox"/> | DRY CLEANING OPERATIONS  |
| <input type="checkbox"/> | <input type="checkbox"/> | DUST PRODUCING OPERATIONS (wood working, milling, grinding, pulverizing, grain elevator, flour mill, etc)                |
| <input type="checkbox"/> | <input type="checkbox"/> | GARAGE MOTOR VEHICLE SERVICE/REPAIR OR FUEL-DISPENSING STATION   |
| <input type="checkbox"/> | <input type="checkbox"/> | HAZARDOUS MATERIALS [a hazardous material is any chemical which is required to have a material safety data sheet (MSDS)] |
| <input type="checkbox"/> | <input type="checkbox"/> | HIGH PILED COMBUSTIBLE STORAGE (top of storage is greater than 12ft. or 6ft. plastics, tires and flammable liquids)      |
| <input type="checkbox"/> | <input type="checkbox"/> | INSTALLATION OF ABOVE OR BELOW GROUND TANK, PERMANENT OR TEMEPORARY LIQUIFIED PETEROLUEM GAS                             |
| <input type="checkbox"/> | <input type="checkbox"/> | MEDICAL GAS INSTALLATION   |
| <input type="checkbox"/> | <input type="checkbox"/> | OVENS, INDUSTRIAL BAKING OR DRYING (equipment used to dry or bake goods other than food products)                        |
| <input type="checkbox"/> | <input type="checkbox"/> | REFRIGERATION EQUIPMENT (fixed system in which a refrigerant is circulated for the purpose of extracting heat)           |
| <input type="checkbox"/> | <input type="checkbox"/> | SPRAYING OR DIPPING OPERATIONS (flammable or combustible liquids applied with a sprayer or used in tanks)                |
| <input type="checkbox"/> | <input type="checkbox"/> | TIRE STORAGE (500 square feet or more), AND/OR TIRE RECAPPING, AND/OR TIRE REBUILDING                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | WELDING AND CUTTING OPERATIONS   |
| <input type="checkbox"/> | <input type="checkbox"/> | COMBUSTIBLE DUST – PRODUCING OPERATIONS  |
| <input type="checkbox"/> | <input type="checkbox"/> | COMPRESSED GASES   |
| <input type="checkbox"/> | <input type="checkbox"/> | FLAMMABLE AND COMBUSTIBLE LIQUIDS  |
| <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS COMBUSTIBLE STORAGE  |

The owner or his/her authorized agent is **responsible to ensure that all occupants, present and future, comply with the reporting and storage, use and handling requirements for any processes/materials described above.**

Note: A "No" answer to any of the above questions may subject your business to on-site verification by Riverside County Fire Department. Failure to properly disclose your usage of hazardous materials may result in civil or criminal action being taken against you.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

_____	_____	_____
Date	Signature of owner or authorized agent	Print Name and Title

For Office Use Only:

Fire Dept. Approval \_\_\_\_\_  
 Fee Amount \$ \_\_\_\_\_ Fee Paid: Yes / No



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### ***FIRE DEPARTMENT CODE REQUIREMENTS***

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The following Fire Code requirements relate primarily to wholesale and retail stores, office buildings, factories, workshops, and storage facilities using material not highly flammable or combustible.

#### **FIRE EXTINGUISHER REQUIREMENTS**

A City of Norco business is required to have one 2A rated portable fire extinguisher with a travel distance not to exceed 75 feet. It should be hung not greater than 5 feet and not lower than 3 1/2 feet from floor surface (measured from floor to top of extinguisher). Fire extinguisher requires testing, recharging and tagging annually by a State Marshall/Licensed fire extinguisher service technician.

#### **EXIT REQUIREMENTS**

All means of egress shall be unobstructed. Exits shall be illuminated anytime the business is occupied. Exit signs shall be installed at required exit doorways. When the exit serves an occupant load of 50 or more, exit signs should indicate the direction of travel.

#### **HOUSEKEEPING REQUIREMENTS**

Combustibles must be kept at sufficient distances from heating appliances. Accumulations of combustibles (i.e. rubbish and vegetation) must be removed. Hazardous accumulations of waste material (i.e. combustible flammable liquid soaked rags) must be stored in metal containers with lids. All required fire-resistive construction (i.e. walls, draft-stop partitions and roof coverings) shall be properly repaired, restored, or replaced when damaged, altered, breached, penetrated, removed or improperly installed. Storage shall be orderly and so located as not to endanger exit from business. Boiler rooms, mechanical rooms and electrical panel rooms shall not be used for the storage of combustible materials.

#### **ELECTRICAL REQUIREMENTS**

Extension cords shall not be used as a substitute for permanent wiring. Extension cords are permitted only with portable appliances or fixtures and shall be plugged directly into an approved receptacle and shall, except for approved multi-plug extension cords, serve only one appliance or fixture. Extension cords are to be maintained in good condition without splices, deterioration or damage, and shall not be affixed to structures or extended under the floor coverings.

#### **MISCELLANEOUS REQUIREMENTS**

Approved numbers of addresses shall be placed on all new and existing businesses in such a position so as to be plainly visible and legible from the street or road fronting the business. Said numbers shall contrast with their background.

If your business is an eating or drinking establishment, day care center, gasoline or service station, home for the elderly, woodworking shop, repair garage or hotel/motel, you are requested to contact the Norco Fire Department for a listing of those special Fire Code requirements relating to these types of occupancies. Please pay close attention to where hazardous materials or combustible/flammable liquids are stored and handled.

#### **CONCLUSION**

We hope this information presented to you will assist you in preparing for a new business inspection by the Norco Fire Department.

If you have any questions, please contact the City of Norco Fire Department at (951) 737-8097.



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### **BUSINESS LICENSE AGENCY LISTING**

The following agencies listed below may be of help to you while you are in the process of setting up your business.

#### **STATE BOARD OF EQUALIZATION**

3737 Main Street  
10<sup>th</sup> Floor, Suite 1000  
Riverside, CA 92501-3395

(951) 680-6400  
[www.boe.ca.gov](http://www.boe.ca.gov)  
e.reg (electronic registration)

#### **FICTITIOUS NAME STATEMENT**

County Recorder's Office  
4080 Lemon St. First Floor  
P.O. Box 12004  
Riverside, CA 92502-2204  
[Riverside.asrclkrec.com](http://Riverside.asrclkrec.com)

(951) 486-7000

#### **NORCO AREA CHAMBER OF COMMERCE**

P.O. Box 844  
Norco, CA 92860

(951) 737-6222

#### **SMALL BUSINESS ADMINISTRATION**

200 West Santa Ana Blvd., Ste. 700  
Santa Ana, CA 92701

(714) 550-7420

#### **SECRETARY OF STATE CORPORATE DIVISION**

Ronald Reagan Building  
300 South Spring Street  
12<sup>th</sup> Floor, South Tower  
Los Angeles, CA 90013

(213) 897 3062

#### **RIVERSIDE COUNTY DEPT OF ENVIRONMENTAL HEALTH**

2275 S. Main Street, Suite 204  
Corona, CA 92882

(951) 273-9140

#### **CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS**

500 West Temple Street, Room B96  
Los Angeles, CA 90012-2706

(213) 974-1452

#### **INTERNAL REVENUE SERVICE** (Employee ID# Info)

(559) 452-4010

#### **STATE CONTRACTOR'S BOARD**

(800) 235-6393

#### **CHILD CARE LICENSING**

(951) 782-4200

#### **DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

(951) 782-4400



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### **CLAIM FOR EXEMPTION AS INSURANCE AGENT**

Please fill out this form and submit to the City of Norco, Business License Department, 2870 Clark Avenue, Norco, CA 92860 if you are claiming exemption from paying the business license tax as an Insurance Agent.

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Insurance License #: \_\_\_\_\_

If acting in the capacity of an Insurance Broker, you are subject to the City's business license tax in accordance with the City of Norco Municipal Code Section 5.04.060

I act only as an insurance agent and not as an insurance broker.

I act both as an insurance agent and as an insurance broker.

I certify **under penalty of perjury** that the above information is true and correct.

Executed at \_\_\_\_\_, California  
City

On \_\_\_\_\_  
Month, day, year

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_  
Authorized Officer or Agent



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### **CLAIM FOR EXEMPTION FROM BUSINESS LICENSE TAX**

If you are paying taxes according to the California Constitution, Article XIII, Section 28 relating to insurance companies, which includes persons, partnerships, joint stock associations, companies and corporations, you will not be imposed the City of Norco business license tax. Please fill out and submit this form to the City of Norco, business license department, 2870 Clark Avenue, Norco, CA 92860 if you want to claim exemption.

1. Are you a California Corporation?

2. Do you pay taxes under Article XIII Section 28 of the California Constitution?

3. On what date did you make your tax payment under Article XIII Section 28 of the California Constitution?

4. Where and whom may we contact to verify said statement?

*Please attach a copy of your Company's most recent State of California Department of Insurance Tax Return.*

I certify under penalty of perjury that the above information is true and correct.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

Authorized Officer of Agent



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### ***BUSINESS LICENSE SUPPLEMENTAL REAL ESTATE BROKERS/AGENTS***

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Please complete the following information and return with your business license application.

Please list below all salespeople that work out of your office or sell/list property in the City of Norco.

Note: Remember that for every person you list, there is a \$10.00 fee that you need to include in your license application employee fees, if it is not already included in your fees. If you have any questions, please call the Business License Clerk Gus Muñoz at (951) 270-5679.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_