



CITY OF NORCO

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

MASSAGE BUSINESS/TECHNICIAN LICENSE

- APPLICATION FOR MASSAGE TECHNICIAN - \$119.00 plus Sheriff's cost
 APPLICATION FOR MASSAGE BUSINESS LICENSE - \$154.00 plus Sheriff's cost

APPLICANTS MUST ANSWER ALL QUESTIONS FOR BACKGROUND INVESTIGATION

EMPLOYER (Name of Massage Business)

Name _____
Address _____
Phone _____

Sheriff _____
Planning _____
Receipt No. _____
File No. _____

DEPARTMENT USE ONLY

PERSONAL

U.S. citizenship is not required for this license. However, proof of legal residency in this country is required. *The following information is requested of you for verification and contact purposes:*

Name _____			
_____	_____	_____	_____
Last First Middle			
Other Names (including nicknames) _____			
Address: _____			
_____	_____	_____	_____
Street City State Zip Code			
Phone # _____		Hours available _____	
Birthdate _____		Legal US Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social security # _____			
Height _____		Weight _____	
Hair color _____		Eye color _____	
Scars, tattoos, or other distinguishing marks _____			



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SB-1186 Fee – New or Renewal of Business License

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
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov



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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 & Professions Code-Section 17538.5)</small> _____ Address _____ _____ City _____ State _____ Zip _____ Mailing Address: _____ _____ Address _____ _____ City _____ State _____ Zip _____ Bus. Phone _____ Fax _____ Email: _____ Description of Business: _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust		OFFICIAL USE ONLY	
		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: _____	_____ Address _____	Cell Phone No.	_____
	_____ City _____ State _____ Zip _____	Home Phone No.	_____
2nd Owner Name: _____	Title: _____	Driver Lic No.	_____
Home Address: _____	_____ Address _____	Cell Phone No.	_____
	_____ City _____ State _____ Zip _____	Home Phone No.	_____

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

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

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

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

Contractors Only 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"/>	APPROVALS		FOR OFFICIAL USE ONLY	
	Planning Home <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date _____ _____ _____ Signature _____	Planning Commerical <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"/> Processing Fee <input type="text"/> Penalty Fee <input type="text"/> SB1186 Fee <input type="text"/> Total Fee Due <input type="text"/>	
Vending Machines <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Est. Gross Receipts <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