



CITY OF NORCO

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

STATE LICENSED CONTRACTOR BUSINESS LICENSE

The City of Norco's business license term is for a twelve month period starting July 1 and ending every year on June 30. Please complete the business license application for a Contractor for the City of Norco and submit with the following:

- A City business license is necessary ***PRIOR*** to commencing work in the City of Norco. A **100% PENALTY** is enforced for non-compliance.
- This application **does not** constitute a valid business license and **will only be considered valid** once all departmental approvals have been obtained and a business license has been issued by the City.
- If anyone other than the State License holder is picking up or making application for a City of Norco Business License, a letter of authorization from the State Licensed Contractor is required.
- If the business is Incorporated, the license application must be signed by one of the Principals or by the R.M.O./R.M.E., who is listed as such with the State Contractors Board.
- If you sell any type of product, you must provide us with a copy of a seller's permit to be obtained from the State Board of Equalization.
- A copy of your pocket card from the State Contractor's Board
- A copy of your current valid driver's license

License tax is computed as follows:

June 1st – December 31st

| | |
|-----------------|-----------------------------------|
| Class A & B tax | \$120.00 + \$29.00 processing fee |
| Class C & D tax | \$ 80.00 + \$29.00 processing fee |
| SB-1186 Fee | \$ 1.00 |

Prorated: January 1st – May 31st

The business license tax fees are pro-rated to 50%. The processing and SB-1186 fees remain the same.

| | |
|-----------------|-----------------------------------|
| Class A & B tax | \$ 60.00 + \$29.00 processing fee |
| Class C & D tax | \$ 40.00 + \$29.00 processing fee |
| SB-1186 Fee | \$ 1.00 |

We accept cash, checks and Visa or MasterCard. Please make checks payable to the **City of Norco**. For additional information, please call Gus Muñoz/Business License Division at (951) 270-5679; fax (951) 270-5668.



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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: _____
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)
 Address _____
 City _____ State _____ Zip _____

Mailing Address: _____
 Address _____
 City _____ State _____ Zip _____

Bus. Phone _____ Fax _____

Email: _____

Description of Business: _____

| 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: | _____ |

Ownership: Corporation Ltd. Liability Corporation Partnership Sole Proprietor Trust

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

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

Contractors Only

Job Site Address: _____

Date Starting Job: _____

Est. Date of Job Completion: _____

W/Comp Expiration Date: _____

No. of Employees (excluding owner - \$10. each)

Vending Machines

Yes No If Yes - Est. Gross Receipts

| APPROVALS | | FOR OFFICIAL USE ONLY | |
|---------------------|--|-----------------------|----------------------|
| Planning Home | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date | Basic Fee | <input type="text"/> |
| | Signature _____ | Employee Fee | <input type="text"/> |
| Planning Commerical | <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date | Fire Fee | <input type="text"/> |
| | Signature _____ | Processing Fee | <input type="text"/> |
| | | Penalty Fee | <input type="text"/> |
| | | SB1186 Fee | <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