



CITY OF NORCO

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

RENTAL PROPERTY 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 Rental Property business 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 you are going to use a name other than your legal name, you will need to file a "Fictitious Business Name Statement" with the Riverside County Recorders office. We will need (1) copy for our files.
- If your business is incorporated or it is a Limited Liability Company (LLC), we will need (1) copy of the first two pages of the Articles of Incorporation or LLC that you file with the Secretary of State.
- We will need one (1) copy of your current valid driver's license/ID for identification purposes.

License tax is computed as follows:

June 1st – December 31st

Processing fee	\$ 29.00
Business license tax (applicable to the first four (4) units)	\$ 45.00
Each additional unit after four (4) units	\$ 2.00 each
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.

Processing fee	\$ 29.00
Business license tax	\$ 22.50
Each additional unit after four (4) units	\$ 1.00 each
SB-1186 Fee	\$ 1.00

We accept cash, checks and Visa or MasterCard. Please make checks payable to the City of Norco. For more information, please call Gus Muñoz 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: _____ <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



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SUPPLEMENTAL FORM FOR RENTAL PROPERTY

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

PLEASE COMPLETE IF APPLICABLE:

NAME OF GARDNER: _____ PHONE #: _____

ADDRESS: _____

NAME OF JANITORIAL SERVICES: _____ PHONE #: _____

ADDRESS: _____

STREET SWEEPER (PARKING LOT SERVICES)

NAME: _____

ADDRESS: _____ PHONE #: _____

MAINTENANCE SERVICES: _____ PHONE #: _____

ADDRESS: _____

ALARM/SECURITY SERVICES NAME: _____

ADDRESS: _____ PHONE#: _____

NAME OF VENDING MACHINE COMPANY: _____

ADDRESS: _____

PLEASE LIST ANY OTHER TYPE OF SERVICES THAT YOU CONTRACT WITH OR ANY OTHER BUSINESSES THAT MAKE DELIVERIES TO YOUR LOCATION ON THE BACK OF THIS DOCUMENT (EXCEPT FREIGHT CARRIER CO.).

PROPERTY OWNER NAME: _____

ADDRESS: _____ CONTACT # _____

PROPERTY MANAGER NAME: _____

ADDRESS: _____ CONTACT # _____

NAME OF CENTER: _____

NUMBER OF UNITS: _____

LIST OF RENTAL PROPERTIES:

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

OWNER NAME: _____

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

OWNER NAME: _____

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

OWNER NAME: _____

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

OWNER NAME: _____

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

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OWNER NAME: _____

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OWNER NAME: _____

_____ ADDRESS/UNIT# NAME OF BUSINESS: _____

OWNER NAME: _____