



CITY OF NORCO

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

BUSINESS LICENSE FOR SPACE RENTAL

The City of Norco's business license term is for a twelve month period starting July 1 and ending every year on June 30. If you are leasing office space at an existing commercial location and will be sharing the physical address for a business in the City of Norco, you may be required to obtain a City of Norco Space Rental Business License. Please complete the business license application for a Space Rental in the City of Norco and submit with the following:

- If you are a Corporation, we will need the first two pages of your Articles of Incorporation from the Secretary of State.
- If you are selling any type of product retail or wholesale, you will need to apply for a seller's permit from the State Board of Equalization. We will need (1) copy.
- If you are going to use any other name than your legal given birth name, you must file a "Fictitious Business Name Statement" with the County Recorder's Office. We will need (1) copy.
- We will also need a copy of your current valid driver's license.
- We will need a copy of your State Board License.

License tax is computed as follows:

June 1st – December 31st

Processing fee	\$ 29.00
Business license tax	\$ 45.00
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
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 _____		Basic Fee	<input type="text"/>
Vending Machines <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes - Est. Gross Receipts <input type="text"/>	Planning Commerical <input type="checkbox"/> Approved <input type="checkbox"/> Denied _____ Date _____ Signature _____		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"/>

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 BEAUTICIAN/MANICURIST/BARBER BOOTH RENTAL

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

NAME OF SALON YOU RENT A SPACE FROM: _____

ADDRESS: _____ PHONE NUMBER: _____

OWNER/MANAGER NAME: _____

YOUR NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE #: _____ WORK PHONE #: _____

EMERGENCY CONTACT NAME: _____

PHONE NUMBER: _____

TYPE OF LICENSE: PLEASE CHECK ALL THAT APPLY:

COSMETOLOGIST []

MANICURIST []

BARBER []

ESTHETICIAN []

LICENSE # FROM THE BOARD OF COSMETOLOGY AND BARBERING: _____

PLEASE ATTACH A CURRENT COPY OF YOUR LICENSE TO THIS INFORMATION SHEET.

SOCIAL SECURITY #: _____ / _____ / _____ DRIVER'S LICENSE #: _____