



## CITY OF NORCO

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

### **SPECIAL EVENT BUSINESS LICENSE**

If you are attending an event here in the City of Norco and will be selling any type of goods or service, you will be required to purchase a Special Event business license prior to your scheduled event. Even if you are only there to hand out samples related to your business, you are still required to have a business license.

Please complete the business license application for an upcoming Special Event in the City of Norco and submit with the following:

- 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. If you currently have a seller's permit, the City of Norco needs to be added as a sub location for temporary sales. You will need to get a temporary location seller's permit with the Norco address on it. Please go to [www.boe.ca.gov](http://www.boe.ca.gov) e.reg (electronic registration) and print seller's permit. We will need (1) copy for our files.
- We will also need a copy of your current valid drivers' license.
- If you are a non-profit organization, you will be charged the processing fee only. You must present current documentation from the State of California, showing your non-profit status. If you are not able to provide the required information, you will be charged full fees.

**License tax is computed as follows:**

Processing fee	\$ 5.00
Business license tax	\$10.00 per day
SB-1186	\$ 1.00

The business license must be posted in your booth at all times during the event you are attending. We inspect all City of Norco events to ensure compliance. We accept cash, checks and MasterCard or Visa. 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

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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)



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## SPECIAL EVENT BUSINESS LICENSE

**PLEASE TYPE OR PRINT CLEARLY:**

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (ZIP CODE)

OWNER/MANAGER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(STREET) (CITY & ZIP CODE)

FEDERAL I.D. OR SS#: \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

PLEASE CHOOSE ONE: SOLE PROPRIETY [ ] CORPORATION [ ] PARTNERSHIP [ ] OTHER [ ]

STATE SALES TAX #: \_\_\_\_\_

EVENT YOU WILL BE ATTENDING: \_\_\_\_\_

ADDRESS OF EVENT: \_\_\_\_\_

DATES YOU WILL BE AT EVENT: \_\_\_\_\_

TYPE OF ACTIVITY: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY, THE ABOVE INFORMATION IS TRUE AND CORRECT:**

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE)

\_\_\_\_\_  
(DATE)

**(FOR OFFICE USE ONLY)**

PROCESSING FEE: \$ 5.00

SB-1186 FEE: \$ 1.00

PENALTIES: \$ \_\_\_\_\_

LICENSE TAX DUE: \$ \_\_\_\_\_

CREDIT APPLIED: \$ \_\_\_\_\_

**TOTAL FEES DUE: \$ \_\_\_\_\_**

LICENSE #: \_\_\_\_\_ NAIC CODE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ DATE ISSUED: \_\_\_\_\_

CASH: [ ] \$ \_\_\_\_\_ CHECK: [ ] #: \_\_\_\_\_ CREDIT/DEBIT: [ ] CARD#: \_\_\_\_\_ EXP: \_\_\_\_\_