



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	\$ 25.00
Business license tax	\$ 45.00
SB-1186 Fee	\$ 4.00

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	\$ 25.00
Business license tax	\$ 22.50
SB-1186 Fee	\$ 4.00

We accept cash, checks and Visa or MasterCard. Please make checks payable to the **City of Norco**. For more information, please call (951) 270-5679; fax (951) 270-5668 or email BizDesk@ci.norco.ca.us.



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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 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. As of January 18, 2018, the fee is \$4.

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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BUSINESS LICENSE APPLICATION

Please Check One

- Change of Owner
- Change of Address
- Change of Bus.Name
- New Application
- Reinstated
- Home Occupation

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> _____ Mailing Address _____ _____ Phone No. _____ Fax No. _____ Primary Email Address _____ Description of Business _____ Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <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 _____ Resale No. _____ Federal ID No. _____ No. of Delivery Vehicles _____ Vehicle Permit No. _____ Contractor Lic. No. _____ Contractor Lic. Type _____ Expire Date _____
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Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back or bottom of this form.

1st Owner Name _____ Title _____ Home Address <small>(Cannot be P.O. Box)</small> _____ 2nd Owner Name _____ Title _____ Home Address <small>(Cannot be P.O. Box)</small> _____	Driver Lic. No. _____ Other ID No. _____ Home Phone No. _____ Cell / Pager No. _____ Driver Lic. No. _____ Other ID No. _____ Home Phone No. _____ Cell / Pager No. _____
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In case of emergency, please contact (attach additional sheet, if necessary)

Contact Name _____	Phone No. _____
Address _____	Cell/Pager No. _____

List below Name of Property Owner/Manager

Building Owner _____	Business phone _____
Address _____	Cell / Home Phone _____

List below address/s of Rental Units in the City of Norco

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Are you a business that is a regulated industry with stormwater discharge requirements in accordance with the SB 205 NPDES permit program? Yes No
 If yes, please provide the SIC # and Permit # below.

SIC # _____ NPDES Permit # _____

CONTRACTOR ONLY Job Site Address: _____ Date Starting Job: _____ Estimated Date of Job Completion: _____ W/Comp Exp: _____ No. of Employees (excluding owner) \$10. <input style="width: 50px;" type="text"/> If yes to Vending Machines _____ Estimated Gross Receipts \$ <input style="width: 100px;" type="text"/>	APPROVALS Planning Home <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature Planning Commercial <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature Fire <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____	FOR OFFICIAL USE ONLY <table style="width: 100%;"> <tr><td>Basic Fee</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>Employee Fee</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>Fire Inspect. Fee</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>Fire OP. Permit</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>Processing Fee</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>Penalty Fee</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td>State CASp Fee</td><td>\$</td><td>4.00</td></tr> <tr><td>Total Fee Due</td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> </table>	Basic Fee	\$	<input style="width: 80px;" type="text"/>	Employee Fee	\$	<input style="width: 80px;" type="text"/>	Fire Inspect. Fee	\$	<input style="width: 80px;" type="text"/>	Fire OP. Permit	\$	<input style="width: 80px;" type="text"/>	Processing Fee	\$	<input style="width: 80px;" type="text"/>	Penalty Fee	\$	<input style="width: 80px;" type="text"/>	State CASp Fee	\$	4.00	Total Fee Due	\$	<input style="width: 80px;" type="text"/>
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I DECLARE UNDER PENALTY OF PERJURY, THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Owner or Representative _____ Title _____ Date _____

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF NORCO.

NOTICE: 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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.cdda.ca.gov.

SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.
 NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

Service of Process Address _____

Residential Address to protect Business Location Mailing Address Owner/Partner/Officer Address



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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 #:** _____



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PRO-RATED FEES

JANUARY 1ST – MAY 31ST 2020

Please sign this form and submit with your business license application if you are applying for a business license between January and May 2020. By signing below you are acknowledging that you are aware that during this period you are paying a City of Norco Business License Tax based on pro-rated fees and the license will be valid through June 30, 2020 for the 2019-2020 Business License Year.

You will be sent a renewal notice June 1, 2020 for a full year for the 2020-2021 Business License Year. The license tax fees will be due by June 30, 2020 and must be paid by July 31, 2020 to avoid penalties. Once payment is received and the business license is issued, it will be valid through June 30, 2021.

Please return this form with the City of Norco Business License application at 2870 Clark Avenue, Norco, CA 92860. If you have any questions, please call (951) 270-5679 or email BizDesk@ci.norco.ca.us.

Signature

Date