



# CITY OF NORCO

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

## COMMERCIAL 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 Commercial 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 selling any type of product retail or wholesale, you will need to apply for a seller's permit from the California Department of Tax & Fee Administration. The address on the seller's permit must match your address at your commercial location.
- If you are going to use a name other than your legal name or corporate name, you will need to file a "Fictitious Business Name Statement" with the Riverside County Records Office. We will need (1) copy for our files.
- If you are a food related business, you must apply for a health permit from the County of Riverside Department of Environmental Health.
- We will also need (1) copy of your current valid driver's license/ID for identification purposes.
- If you are a non-profit organization, you will be charged the processing and fire inspection 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:

#### June 1<sup>st</sup> – December 31<sup>st</sup>

Processing fee:	\$ 145.00
SB-1186 Fee	\$ 4.00
Business license tax	\$ 45.00
Employee fee for second owner and each employee	\$ 10.00
Mortgage, Loan & Finance Companies	\$ 200.00

#### Annual fire inspection fee (based on sq. footage of building(s) **OR** occupancy load)

Small Businesses (0-4,999 sq. ft.)	\$ 72.00
Medium Businesses (5,000-9,999 sq. ft.)	\$ 143.00
Large Businesses (10,000 sq. ft. and greater)	\$ 358.00
Public Assembly (50 to 99 occupancy load)	\$ 215.00
Public Assembly (100 and greater occupancy load)	\$ 394.00

If utilizing a contractor's license, in addition to the business license tax

License tax for Contractor A or B	\$ 120.00
License tax for Contractor C or D	\$ 80.00

#### Prorated: January 1<sup>st</sup> – May 31<sup>st</sup>

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

We accept cash, checks and MasterCard or Visa. 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](mailto:BizDesk@ci.norco.ca.us).



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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 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 1, 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](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)



# CITY OF NORCO

2870 Clark Avenue, Norco, CA 92860-1903  
(951) 270-5679 - FAX (951) 270-5668

Please Check One

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

## BUSINESS LICENSE APPLICATION

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF NORCO (PLEASE PRINT OR TYPE)

<b>Business Name</b> _____ <b>Corporate Name</b> <small>(if applicable)</small> _____ <b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>  <b>Mailing Address</b> _____  <b>Phone No.</b> _____ <b>Fax No.</b> _____ <b>Primary Email Address</b> _____ <b>Description of Business</b> _____ <b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	<b>OFFICIAL USE ONLY</b> <b>Business License No.</b> _____ <b>SIC/NAIC CODE</b> _____ <b>Bus. Start Date</b> _____ <b>Resale No.</b> _____ <b>Federal ID No.</b> _____ <b>No. of Delivery Vehicles</b> _____ <b>Vehicle Permit No.</b> _____ <b>Contractor Lic. No.</b> _____ <b>Contractor Lic. Type</b> _____ <b>Expire Date</b> _____
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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.

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

<b>Contact Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	<b>Cell/Pager No.</b> _____

**List below Name of Property Owner/Manager**

<b>Building Owner</b> _____	<b>Business phone</b> _____
<b>Address</b> _____	<b>Cell / Home Phone</b> _____

**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 # \_\_\_\_\_

<b>CONTRACTOR ONLY</b> <b>Job Site Address:</b> _____ <b>Date Starting Job:</b> _____ <b>Estimated Date of Job Completion:</b> _____ <b>W/Comp Exp:</b> _____  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"/>	<b>APPROVALS</b> Planning Home <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature Planning Commerical <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature Fire <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____	<b>FOR OFFICIAL USE ONLY</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Basic Fee</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Employee Fee</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Fire Inspect. Fee</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Fire OP. Permit</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Processing Fee</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Penalty Fee</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">State CASp Fee</td><td style="text-align: left;">\$ 4.00</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> <tr><td style="text-align: right;">Total Fee Due</td><td style="text-align: left;">\$</td><td style="border: 1px solid black; width: 100px; height: 20px;"></td></tr> </table>	Basic Fee	\$		Employee Fee	\$		Fire Inspect. Fee	\$		Fire OP. Permit	\$		Processing Fee	\$		Penalty Fee	\$		State CASp Fee	\$ 4.00		Total Fee Due	\$	
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Penalty Fee	\$																									
State CASp Fee	\$ 4.00																									
Total Fee Due	\$																									

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

Signature of Owner or Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.cdda.ca.gov](http://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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## COMMERCIAL BUSINESS SUPPLEMENTAL FORM

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

BUSINESS OWNER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

ASSISTANT MANAGER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

REGIONAL/DISTRICT MANAGER NAME: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

BUSINESS HOURS: \_\_\_\_\_ AM TO \_\_\_\_\_ PM DAYS: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SA \_\_\_\_\_ SU

# OF FULL-TIME EMPLOYEES: \_\_\_\_\_ # OF PART-TIME EMPLOYEES: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

DO YOU SELL TOBACCO OR TOBACCO PARAPHERNALIA?  YES  NO

NAME OF GARDNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF JANITORIAL SERVICES: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF UNIFORM COMPANY: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME OF PAPER GOODS SUPPLIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

STREET SWEEPER (PARKING LOT SERVICES)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF WATER SUPPLIER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAINTENANCE SERVICES: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ALARM/SECURITY SERVICES NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME OF VENDING MACHINE COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PLEASE LIST ANY OTHER TYPE OF SERVICES NOT LISTED THAT YOU CONTRACT WITH OR ANY OTHER BUSINESSES THAT MAKE DELIVERIES TO YOUR LOCATION ON THE BACK OF THIS DOCUMENT (EXCEPT FREIGHT CARRIER CO.).**



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## PRETREATMENT SURVEY FORM – return to: Public Works

Please complete the following information and answer the questions below. Form MUST be included with business license application form.

Business Name \_\_\_\_\_  
(As it appears on Business License)

Business Address \_\_\_\_\_ - Norco, CA, 92860 - \_\_\_\_\_

Mailing Address, if different than above \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_

Contact Person/Title (print legibly) \_\_\_\_\_

Phone # including area code: Office \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - Cell - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Describe your business activity:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ a. Do you sell tobacco or tobacco paraphernalia?  Yes  No

2. Does your business discharge any process water or wastes to the City's sewer system other than normal restroom waste?  Yes  No

3. Does your business use any material or generate any waste which is considered hazardous?  Yes  No

4. Does your business have any waste or recycled material which is hauled to an off site location?  Yes  No

5. Does your business use any solvents?  Yes  No

6. Are there any floor drains at your business in your work areas?  Yes  No

7. Does your business have a boiler and/or a cooling tower which has ANY discharge to the City's sewer system?  Yes  No

8. Does your business have an on-site water treatment system?  Yes  No

A. If yes, does the system regenerate to the sewer system or is it an exchange tank system?

Sewer System  Exchange Tank System

Other \_\_\_\_\_

Thank you for completing the survey. Please return this form with your business license application.



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## **FIRE DEPARTMENT EMERGENCY CONTACT INFORMATION**

To assist us in contacting you in case of an emergency at your place of business, please complete the following and submit with your license renewal package.

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fire Alarm:                      Yes    or    No    Audible or Silent

Sprinklers in Building:      Yes    or    No    Knox Box Location: \_\_\_\_\_

Police Alarm:                    Yes    or    No    Audible or Silent

Alarm Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact:

1. \_\_\_\_\_ Phone No. \_\_\_\_\_

2. \_\_\_\_\_ Phone No. \_\_\_\_\_

3. \_\_\_\_\_ Phone No. \_\_\_\_\_

Any special instructions/circumstances: (guard dog, electric fences, harmful chemicals, flammable materials, heart monitor, etc.)

\_\_\_\_\_

\_\_\_\_\_



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### **FIRE DEPARTMENT QUESTIONNAIRE FOR COMMERCIAL BUSINESS**

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The purpose of this questionnaire is to provide general information to the Fire Department to address any requirements for the business in the early stages of the approval process. If you have any questions or need assistance in filling out this questionnaire, please contact the Norco Fire Department at (951) 737-8097, extension 2204, Monday through Thursday 8:00 a.m. to 6:00 p.m.

1. Does your building contain fire sprinklers? (circle one) Yes or No
  2. What is the total square footage of your business? \_\_\_\_\_
  3. Provide the name(s) of any previous business at your location. \_\_\_\_\_
  4. Do you have a current Certificate of Occupancy listing your business name? Yes or No Note: Certificate of Occupancy (C of O) identifies the original intended use of the suite/building. If the intended use is not the same as the original C of O, a new C of O must be issued by the Building Official. Please post the C of O at your place of business.
  5. What is the intended use of your business? Ex: Retail, Office, Auto body shop, Spraying operation, High-piled rack storage, Wood shop, Repair shop, Welding, etc. If you have multiple intentions of use, please **list all of them and provide a floor plan** with location of different operations of business.  
\_\_\_\_\_  
\_\_\_\_\_
  6. Is the building housing other business tenants? \_\_\_\_\_ or solely yours? \_\_\_\_\_ If additional businesses are adjacent to yours, indicate on a separate sheet of paper a floor plan of the adjacent business to your operations.
  7. Do you have **any** flammable/combustible liquids, compressed gases, or hazardous materials /chemicals located in your business? Yes or No If yes, please complete and submit a Chemical Inventory Package for review. The aforementioned Package may be obtained at the Fire Administrative Office.
  8. Are your exit doors and exit signs conforming to the latest code? Yes or No (Ex: Exit sign illumination, panic hardware or no knowledge hardware on additional exit doors except main entrance)
  9. Will you be conducting any tenant improvements to building? Yes or No (Ex: New walls added/removed, new electrical, plumbing, etc.) If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_
  10. Does your business have any mechanical equipment currently on site or will be placing on site at a future date? Yes or No (Ex: Spray booths, Ventilation system, Heavy machinery, Flammable/combustible storage tanks or containers). If yes, please explain below:  
\_\_\_\_\_  
\_\_\_\_\_
-



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***FIRE DEPARTMENT QUESTIONNAIRE FOR COMMERCIAL BUSINESS***

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I certify that the information provided in this questionnaire is correct and complete and I understand that as a representative of the business, it is my responsibility to inform the City of Norco's Fire Department of any changes made in the future. Please keep in mind that any changes made to the business may require obtaining additional permits or fees and also require the issuance of a stop order notice of business operations.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



## CITY OF NORCO

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### **FIRE DEPARTMENT CODE REQUIREMENTS**

The following Fire Code requirements relate primarily to wholesale and retail stores, office buildings, factories, workshops, and storage facilities using material not highly flammable or combustible.

#### **FIRE EXTINGUISHER REQUIREMENTS**

A City of Norco business is required to have one 2A rated portable fire extinguisher with a travel distance not to exceed 75 feet. It should be hung not greater than 5 feet and not lower than 3 1/2 feet from floor surface (measured from floor to top of extinguisher). Fire extinguisher requires testing, recharging and tagging annually by a State Marshall/Licensed fire extinguisher service technician.

#### **EXIT REQUIREMENTS**

All means of egress shall be unobstructed. Exits shall be illuminated anytime the business is occupied. Exit signs shall be installed at required exit doorways. When the exit serves an occupant load of 50 or more, exit signs should indicate the direction of travel.

#### **HOUSEKEEPING REQUIREMENTS**

Combustibles must be kept at sufficient distances from heating appliances. Accumulations of combustibles (i.e. rubbish and vegetation) must be removed. Hazardous accumulations of waste material (i.e. combustible flammable liquid soaked rags) must be stored in metal containers with lids. All required fire-resistive construction (i.e. walls, draft-stop partitions and roof coverings) shall be properly repaired, restored, or replaced when damaged, altered, breached, penetrated, removed or improperly installed. Storage shall be orderly and so located as not to endanger exit from business. Boiler rooms, mechanical rooms and electrical panel rooms shall not be used for the storage of combustible materials.

#### **ELECTRICAL REQUIREMENTS**

Extension cords shall not be used as a substitute for permanent wiring. Extension cords are permitted only with portable appliances or fixtures and shall be plugged directly into an approved receptacle and shall, except for approved multi-plug extension cords, serve only one appliance or fixture. Extension cords are to be maintained in good condition without splices, deterioration or damage, and shall not be affixed to structures or extended under the floor coverings.

#### **MISCELLANEOUS REQUIREMENTS**

Approved numbers of addresses shall be placed on all new and existing businesses in such a position so as to be plainly visible and legible from the street or road fronting the business. Said numbers shall contrast with their background.

If your business is an eating or drinking establishment, day care center, gasoline or service station, home for the elderly, woodworking shop, repair garage or hotel/motel, you are requested to contact the Norco Fire Department for a listing of those special Fire Code requirements relating to these types of occupancies. Please pay close attention to where hazardous materials or combustible/flammable liquids are stored and handled.

#### **CONCLUSION**

We hope this information presented to you will assist you in preparing for a new business inspection by the Norco Fire Department.

If you have any questions, please contact the City of Norco Fire Department at (951) 737-8097.



# CITY OF NORCO

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

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:

DEPARTMENT OF GENERAL SERVICES Division of the State Architect, CASp Program	<a href="http://www.dgs.ca.gov/dsa">www.dgs.ca.gov/dsa</a> <a href="http://www.dgs.ca.gov/casp">www.dgs.ca.gov/casp</a>
DEPARTMENT OF REHABILITATION Disability Access Services	<a href="http://www.dor.ca.gov">www.dor.ca.gov</a> <a href="http://www.rehab.cahwnet.gov/disabilityaccessinfo">www.rehab.cahwnet.gov/disabilityaccessinfo</a>
DEPARTMENT OF GENERAL SERVICES California Commission on Disability Access	<a href="http://www.cdda.ca.gov">www.cdda.ca.gov</a> <a href="http://www.cdda.ca.gov/resources-menu/">www.cdda.ca.gov/resources-menu/</a>

### CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.5155.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created. For example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit: [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx)

City of Norco  
2870 Clark Avenue, Norco, CA 92860  
Office: (951) 270-5616 | Fax: (951) 270-5640  
[building@ci.norco.ca.us](mailto:building@ci.norco.ca.us)



# CITY OF NORCO

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES – CONTINUED

### GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

#### Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

#### Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

#### California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

### FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) — The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

CALIFORNIA BUILDING CODE (CBC) — The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).



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### **BUSINESS LICENSE AGENCY LISTING**

The following agencies listed below may be of help to you while you are in the process of setting up your business.

**CALIFORNIA DEPARTMENT OF TAX & FEE ADMINISTRATION** (951) 680-6400

3737 Main Street, Ste. 1000  
Riverside, CA 92501-3395  
<https://www.cdtfa.ca.gov/>

**FICTITIOUS NAME STATEMENT** (951) 486-7000

County Recorder's Office  
4080 Lemon St. First Floor  
P.O. Box 12004  
Riverside, CA 92502-2204  
Riverside.asrclkrec.com

**NORCO AREA CHAMBER OF COMMERCE** (951) 737-6222

P.O. Box 844  
Norco, CA 92860

**SMALL BUSINESS ADMINISTRATION** (714) 550-7420

200 West Santa Ana Blvd., Ste. 700  
Santa Ana, CA 92701

**SECRETARY OF STATE CORPORATE DIVISION** (213) 897- 3062

Ronald Reagan Building  
300 South Spring Street  
12<sup>th</sup> Floor, South Tower  
Los Angeles, CA 90013

**RIVERSIDE COUNTY DEPT OF ENVIRONMENTAL HEALTH** (951) 273-9140

2275 S. Main Street, Suite 204  
Corona, CA 92882

**CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS** (213) 974-1452

500 West Temple Street, Room B96  
Los Angeles, CA 90012-2706

**INTERNAL REVENUE SERVICE** (Employee ID# Info) (559) 452-4010

**STATE CONTRACTOR'S BOARD** (800) 235-6393

**CHILD CARE LICENSING** (951) 782-4200

**DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL** (951) 782-4400



# CITY OF NORCO

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

## **CLAIM FOR EXEMPTION AS INSURANCE AGENT**

Please fill out this form and submit to the City of Norco, Business License Department, 2870 Clark Avenue, Norco, CA 92860 if you are claiming exemption from paying the business license tax as an Insurance Agent.

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Insurance License #: \_\_\_\_\_

If acting in the capacity of an Insurance Broker, you are subject to the City's business license tax in accordance with the City of Norco Municipal Code Section 5.04.060

I act only as an insurance agent and not as an insurance broker.

I act both as an insurance agent and as an insurance broker.

I certify **under penalty of perjury** that the above information is true and correct.

Executed at \_\_\_\_\_, California  
City

On \_\_\_\_\_  
Month, day, year

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_  
Authorized Officer or Agent



## CITY OF NORCO

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

### **CLAIM FOR EXEMPTION FROM BUSINESS LICENSE TAX**

If you are paying taxes according to the California Constitution, Article XIII, Section 28 relating to insurance companies, which includes persons, partnerships, joint stock associations, companies and corporations, you will not be imposed the City of Norco business license tax. Please fill out and submit this form to the City of Norco, business license department, 2870 Clark Avenue, Norco, CA 92860 if you want to claim exemption.

1. Are you a California Corporation?
2. Do you pay taxes under Article XIII Section 28 of the California Constitution?
3. On what date did you make your tax payment under Article XIII Section 28 of the California Constitution?
4. Where and whom may we contact to verify said statement?
<i>Please attach a copy of your Company's most recent State of California Department of Insurance Tax Return.</i>
I certify under penalty of perjury that the above information is true and correct.  Date: _____  Signature: _____  Print Name: _____  Print Title: _____  Authorized Officer of Agent



# CITY OF NORCO

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

## ***BUSINESS LICENSE SUPPLEMENTAL REAL ESTATE BROKERS/AGENTS***

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Please complete the following information and return with your business license application.

Please list below all salespeople that work out of your office or sell/list property in the City of Norco.

Note: Remember that for every person listed, there is a \$10.00 fee that must be added to the license application employee fees. If you have any questions, please call (951) 270-5679 or email [BizDesk@ci.norco.ca.us](mailto:BizDesk@ci.norco.ca.us).

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