



CITY OF NORCO

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

FARMER'S MARKET 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 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 this is 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.

License tax is computed as follows:

June 1st – December 31st

| | |
|----------------------|----------|
| Processing fee | \$ 26.00 |
| 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.

If the farmer's market is going to be in a building the owner or the person leasing or renting the building will pay the following fees:

License tax is computed as follows:

June 1st – December 31st

| | |
|---|-----------|
| Processing fee | \$ 148.00 |
| Business license tax | \$ 45.00 |
| Employee fee for second owner and each employee | \$ 10.00 |
| SB-1186 Fee | \$ 4.00 |

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

| | |
|--|-----------|
| Small Businesses (0-4,999 sq. ft.) | \$ 74.00 |
| Medium Businesses (5,000-9,999 sq. ft.) | \$ 146.00 |
| Large Businesses (10,000 sq. ft. and greater) | \$ 366.00 |
| Public Assembly (50 to 99 occupancy load) | \$ 220.00 |
| Public Assembly (100 and greater occupancy load) | \$ 403.00 |

Prorated: January 1st – May 31st

The business license tax fees are pro-rated to 50%. The processing, SB-1186 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 (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 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
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov



CITY OF NORCO

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

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 _____ |
|--|--|

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. _____ |
|--|--|

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%; border-collapse: collapse;"> <tr><td style="text-align: right;">Basic Fee</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">Employee Fee</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">Fire Inspect. Fee</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">Fire OP. Permit</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">Processing Fee</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">Penalty Fee</td><td style="text-align: left;">\$ _____</td></tr> <tr><td style="text-align: right;">State CASp Fee</td><td style="text-align: left;">\$ 4.00</td></tr> <tr><td style="text-align: right;">Total Fee Due</td><td style="text-align: left;">\$ _____</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 | \$ _____ |
| Basic Fee | \$ _____ | | | | | | | | | | | | | | | | | |
| Employee Fee | \$ _____ | | | | | | | | | | | | | | | | | |
| Fire Inspect. Fee | \$ _____ | | | | | | | | | | | | | | | | | |
| Fire OP. Permit | \$ _____ | | | | | | | | | | | | | | | | | |
| Processing Fee | \$ _____ | | | | | | | | | | | | | | | | | |
| 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 _____

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