



## CITY OF NORCO

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

### **OUT-OF-TOWN DELIVERY VEHICLE 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 an Out-of-Town Delivery Vehicle business in 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 your business is not incorporated, 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 Incorporated or you are a Limited Liability Company (LLC) we will need (1) copy of your Articles of Incorporation or LLC that you file with the Secretary of State.
- We will also need (1) copy of your current valid driver's license/ID for identification purposes.

#### **License tax is computed as follows:**

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

Processing fee	\$ 26.00
Business License Tax	\$ 35.00 per vehicle
SB-1186 Fee	\$ 4.00

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

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

Processing fee:	\$ 26.00
Business License Tax:	\$ 17.50 per vehicle
SB-1186 Fee	\$ 4.00

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 Commercial <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%;"> <tr><td><b>Basic Fee</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>Employee Fee</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>Fire Inspect. Fee</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>Fire OP. Permit</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>Processing Fee</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>Penalty Fee</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> <tr><td><b>State CASp Fee</b></td><td>\$ 4.00</td><td></td></tr> <tr><td><b>Total Fee Due</b></td><td>\$</td><td><input style="width: 80px;" type="text"/></td></tr> </table>	<b>Basic Fee</b>	\$	<input style="width: 80px;" type="text"/>	<b>Employee Fee</b>	\$	<input style="width: 80px;" type="text"/>	<b>Fire Inspect. Fee</b>	\$	<input style="width: 80px;" type="text"/>	<b>Fire OP. Permit</b>	\$	<input style="width: 80px;" type="text"/>	<b>Processing Fee</b>	\$	<input style="width: 80px;" type="text"/>	<b>Penalty Fee</b>	\$	<input style="width: 80px;" type="text"/>	<b>State CASp Fee</b>	\$ 4.00		<b>Total Fee Due</b>	\$	<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 \_\_\_\_\_

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