



# 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 <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated Gross Receipts \$ <input style="width: 100px;" type="text"/>	<b>APPROVALS</b> <b>Planning Home</b> <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature <b>Planning Commerical</b> <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____ _____ Signature <b>Fire</b> <input type="checkbox"/> Approval <input type="checkbox"/> Denied Date: _____	<b>FOR OFFICIAL USE ONLY</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td><b>Basic Fee</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>Employee Fee</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>Fire Inspect. Fee</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>Fire OP. Permit</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>Processing Fee</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>Penalty Fee</b></td><td>\$</td><td>_____</td></tr> <tr><td><b>State CASp Fee</b></td><td>\$</td><td>4.00</td></tr> <tr><td><b>Total Fee Due</b></td><td>\$</td><td>_____</td></tr> </table>	<b>Basic Fee</b>	\$	_____	<b>Employee Fee</b>	\$	_____	<b>Fire Inspect. Fee</b>	\$	_____	<b>Fire OP. Permit</b>	\$	_____	<b>Processing Fee</b>	\$	_____	<b>Penalty Fee</b>	\$	_____	<b>State CASp Fee</b>	\$	4.00	<b>Total Fee Due</b>	\$	_____
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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



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## SOLICITOR'S/PEDDLER'S BUSINESS LICENSE APPLICATION

NAME OF BUSINESS \_\_\_\_\_

Applicant Name \_\_\_\_\_  
Last First MI Length of time at current residence

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

City/State \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City/State) \_\_\_\_\_ Driver License # \_\_\_\_\_

NATURE OF GOODS OR TYPE OF SERVICE \_\_\_\_\_

List of previous solicitor business or practice within the last 12 months:

Name of Business	City	County	State

Have you ever been convicted of a felony or misdemeanor? (circle one) Yes No If yes, state the nature of each offense, date of conviction, the sentence received, and the court in which each conviction and sentence was entered.

**NOTE:**

The application may be rejected if the activities sought to be permitted do not comply in every way with the rules, regulations and laws applicable thereto and/or if the City Manager believes that the applicant's background, character or proposed activity is detrimental to the public health, peace, safety or welfare

UNDER PENALTY OF PERJURY, I DECLARE THE FOREGOING TO BE TRUE AND CORRECT

Signature \_\_\_\_\_ Date \_\_\_\_\_

License Fee \$ _____ (\$10.00 per day or \$100.00 annually)	Processing Fee \$ 26.00
	SB-1186 Fee \$ 4.00

TOTAL FEES DUE \$ \_\_\_\_\_

FOR OFFICE USE ONLY

	DATE	APPROVED	DISAPPROVED
CITY MANAGER	_____	_____	_____
FIRE DEPARTMENT	_____	_____	_____
SHERIFF'S DEPT.	_____	_____	_____

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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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)