





## CITY OF NORCO

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

### **PRO-RATED FEES**

#### **JANUARY 1<sup>ST</sup> – MAY 31<sup>ST</sup> 2011**

Please sign this form and submit with your business license application if you are applying for a business license between January and May 2011. 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, 2011 for the 2010 Business License Year.

You will be sent a renewal notice June 1, 2011 for a full year for the 2011 Business License Year. The license tax fees will be due by June 30, 2011 and must be paid by July 31, 2011 to avoid penalties. Once payment is received and the business license is issued, it will be valid through June 30, 2012.

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 contact Cheryl Hankla, business License Clerk at (951) 270-5679.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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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 8 questions. Form **MUST** be included with business license application form.

Business Name \_\_\_\_\_

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

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

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

Contact Person/Title \_\_\_\_\_

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 \_\_\_\_\_



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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.



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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.

**STATE BOARD OF EQUALIZATION** (951) 680-6400

3737 Main Street  
10<sup>th</sup> Floor, Suite 1000  
Riverside, CA 92501-3395

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

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

**NORCO CHAMBER OF COMMERCE** (951) 737-2531

2816 Hamner Avenue  
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

**COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH** (951) 273-9140

2275 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



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### **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



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### **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: _____ <p style="text-align: center;">Authorized Officer of Agent</p>