



BUSINESS LICENSE APPLICANT INFORMATION

Commercial Business Application

Thank you for doing business in the City of Norco! Please complete and submit the applicable application with the following required documentation:

REQUIRED DOCUMENTS (IF APPLICABLE)

<input type="checkbox"/>	Valid Driver's License or Officers List on Company Letterhead
<input type="checkbox"/>	Articles of Incorporation or Statement of Information
<input type="checkbox"/>	Fictitious Business Name Statement with the Riverside County Recorder's Office
<input type="checkbox"/>	Seller's Permit from the California Department of Tax & Fee Administration
<input type="checkbox"/>	Health Permit from the County of Riverside Department of Environmental Health
<input type="checkbox"/>	Non-Profit Status from the State of California
<input type="checkbox"/>	Supplemental Form(s)

ANNUAL FEES

LICENSE TAX <i>(Full term is for a 12-month period beginning on July 1 and ending on June 30)</i>		
<input type="checkbox"/>	Business License Tax – Full Term (Available from June 1-December 31)	\$ 45.00
<input type="checkbox"/>	Business License Tax – Prorated Term (Available from January 1-May 31)	\$ 22.50
CONTRACTOR LICENSE TAX (If Applicable)		
<input type="checkbox"/>	Contractor A or B – Full Term	\$ 120.00
<input type="checkbox"/>	Contractor A or B – Prorated	\$ 60.00
<input type="checkbox"/>	Contractor C or D – Full Term	\$ 80.00
<input type="checkbox"/>	Contractor C or D – Prorated	\$ 40.00
MORTGAGE, LOAN & FINANCE COMPANIES LICENSE TAX (If Applicable)		
<input type="checkbox"/>	Mortgage, Loan & Finance Companies – Full Term	\$ 200.00
<input type="checkbox"/>	Mortgage, Loan & Finance Companies – Prorated	\$ 100.00
STATE FEE		
<input type="checkbox"/>	SB-1186 Fee*	\$ 4.00
PROCESSING FEE		
<input type="checkbox"/>	Processing Fee	\$ 175.00
OTHER FEES (If Applicable)		
<input type="checkbox"/>	Employee Fee for Second Owner and Each Employee	\$ 10.00
FIRE INSPECTION FEE <i>(Based on square footage of building(s) OR occupancy load)</i>		
<input type="checkbox"/>	Small Business (0-4,999 sq. ft.)	\$ 90.00
<input type="checkbox"/>	Medium Business (5,000-9,999 sq. ft.)	\$ 177.00
<input type="checkbox"/>	Large Business (10,000 sq. ft. and greater)	\$ 445.00
<input type="checkbox"/>	Public Assembly (50 to 99 occupancy load)	\$ 267.00
<input type="checkbox"/>	Public Assembly (100 and greater occupancy load)	\$ 489.00



**CITY OF
NORCO**
HORSETOWN USA

BUSINESS LICENSE APPLICANT INFORMATION

Commercial Business Application

***AB 783 – NEW OR RENEWAL OF BUSINESS LICENSE**

On September 23, 2023, Governor Gavin Newsom signed into law AB 783 by Assemblymember Philip Ting (D-San Francisco) – Business licenses: single-user restrooms. The bill requires all single-user toilet facilities in any business establishment, place of public accommodation, or government agency to be identified as all-gender toilet facilities, as specified.

For more information regarding the mandate please visit, <https://statebusinessnotices.hdlgov.com/>.

***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 to facilitate compliance with federal and state disability laws, as specified. As of January 1, 2018, the fee is \$4.00. 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:

- Division of the State Architect (www.dgs.ca.gov/dsa/Home.aspx)
- Department of Rehabilitation (www.rehab.cahwnet.gov)
- California Commission on Disability Access (www.cdda.ca.gov)

PAYMENT METHODS

The City of Norco accepts cash, checks, MasterCard and Visa. Please make checks payable to the City of Norco.

BUSINESS LICENSE DIVISION

2870 Clark Avenue, Norco, CA 92860 • (951) 270-5679 • bizdesk@ci.norco.ca.us • www.norco.ca.us/businesslicense



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 <small>(if applicable)</small> _____ 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 _____
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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.

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. _____
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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 <input type="checkbox"/> Yes <input type="checkbox"/> No 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>Basic Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Employee Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Fire Inspect. Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Fire OP. Permit</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Processing Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Penalty Fee</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>State CASp Fee</td><td style="text-align: right;">\$ 4.00</td></tr> <tr><td>Total Fee Due</td><td style="text-align: right;">\$ _____</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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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



Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Business Hours: _____ a.m. to _____ p.m. Days: M Tu W Th F Sa Su

of Full-Time Employees: _____ # of Part-Time Employees: _____

Do you sell tobacco or tobacco paraphernalia? Yes No

SERVICE PROVIDER CONTACT INFORMATION

Gardner: _____ Phone: _____

Address: _____

Janitorial: _____ Phone: _____

Address: _____

Uniforms: _____ Phone: _____

Address: _____

Paper Goods: _____ Phone: _____

Address: _____

Street Sweeper: _____ Phone: _____

Address: _____

Water Supplier: _____ Phone: _____

Address: _____

Maintenance: _____ Phone: _____

Address: _____

Alarm/Security: _____ Phone: _____

Address: _____

Vending Machine: _____ Phone: _____

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).



Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone Number: _____ Email: _____

1. Describe your business activity:

- a. Does your business 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? Yes No



BUSINESS LICENSE SUPPLEMENTAL FORM

Fire Department Questionnaire for Commercial Business

Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

1. Does your building contain fire sprinklers? Yes 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 No

5. What is the intended use of your business? Please list all intentions of use and provide a floor plan with location(s) of different business operations:

6. Is the building housing other business tenants? If additional businesses are adjacent to yours, indicate on a separate sheet of paper a floor plan of the adjacent business to your operations. Yes No

7. Do you have any flammable/combustible liquids, compressed gases, or hazardous materials/chemicals located in your business? If yes, please complete and submit a Chemical Inventory Package for review. Yes No

8. Are your exit doors and exit signs conforming to the latest code? (e.g., exit sign illumination, panic hardware or no knowledge hardware on additional exit doors except main entrance, etc.) Yes No

9. Will you be conducting any tenant improvements to the building? (e.g., 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? (e.g., spray booths, ventilation system, heavy machinery, flammable/combustible storage tanks, etc.) If yes, please explain below:

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.

Name: _____ Signature: _____

BUSINESS LICENSE DIVISION



**CITY OF
NORCO**
HORSETOWN USA

**BUSINESS LICENSE
SUPPLEMENTAL FORM**
Fire Department Emergency Contact Information

Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

ALARM/SECURITY INFORMATION

Fire Alarm Yes No Audible Silent

Sprinklers in Building Yes No Knox Box Location: _____

Police Alarm Yes No Audible Silent

Alarm Company: _____

Phone Number: _____

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

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

BUSINESS LICENSE DIVISION



Business Name: _____

Contact Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone Number: _____ Email: _____

Describe your business operation, activity or process:

Will you conduct the following processes on site or use, store or handle any of the following materials?

YES	NO	(CHECK ALL THAT APPLY)	FOR OFFICE USE
<input type="checkbox"/>	<input type="checkbox"/>	Aboveground Tank	\$
<input type="checkbox"/>	<input type="checkbox"/>	Aerosol Products (More Than 500 Pounds)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Assembly Occupancy (50 Or More People)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Candles In Assembly Occupancies	\$
<input type="checkbox"/>	<input type="checkbox"/>	Carbon Dioxide Used for Beverage Dispensing (More Than 100 Pounds)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Combustible Fiber Storage (More Than 100 Cubic Feet)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Compressed Gases	\$
<input type="checkbox"/>	<input type="checkbox"/>	Dry Cleaning Plant (Using Solvents)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Flammable/Combustible Liquids (Less Than or Equal To 60 Gallons)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Flammable/Combustible Liquids (More Than 60 Gallons)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials	\$
<input type="checkbox"/>	<input type="checkbox"/>	High Piled Combustible Storage (More Than 12 Feet High)	\$
<input type="checkbox"/>	<input type="checkbox"/>	LP-Gas (More Than 500 Gallons)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Lumber Yard (Storage of More Than 100,000 Board Feet)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous Combustible Storage (More Than 2,500 Cubic Feet)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Motor Vehicle Repair or Fuel Dispensing	\$
<input type="checkbox"/>	<input type="checkbox"/>	Spraying Or Dipping Operations (Using Flammable Liquids)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Tire Storage (Indoor or Outdoor Storage or More Than 2,500 Cubic Feet)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Waste Handling (Junk Yards, Waste Material Handling)	\$
<input type="checkbox"/>	<input type="checkbox"/>	Welding And Cutting Operations	\$
<input type="checkbox"/>	<input type="checkbox"/>	Woodworking (Processing More Than 100,000 Board Feet)	\$

The owner or his/her authorized agent is responsible for ensuring that all occupants, present and future, comply with the reporting, storage, use and handling requirements for any processes/materials described above. A "No" to any of the questions may subject your business to on-site verification by Riverside County Fire Department. Failure to properly disclose your usage of hazardous materials may result in civil or criminal action being taken against you.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Name: _____ Signature: _____

Title: _____ Date: _____

BUSINESS LICENSE DIVISION



The following agencies listed below may assist you as you set up your business:

CALIFORNIA DEPARTMENT OF TAX & FEE ADMINISTRATION

3737 Main Street, Ste. 1000
Riverside, CA 92501-3395
www.cdtfa.ca.gov

(951) 680-6400

FICTITIOUS NAME STATEMENT

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

(951) 486-7000

NORCO AREA CHAMBER OF COMMERCE

3954 Old Hamner Rd., Suite B
Norco, CA 92860

(951) 737-6222

SMALL BUSINESS ADMINISTRATION

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

(714) 550-7420

SECRETARY OF STATE CORPORATE DIVISION

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

(916) 657-5448

COUNTY OF RIVERSIDE DEPARTMENT OF HEALTH

2275 Main Street, Suite 204
Corona, CA 92882

(951) 273-9140

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

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

(213) 974-1452

INTERNAL REVENUE SERVICE (Employee ID# Info)

(800) 829-4933

STATE CONTRACTOR'S BOARD

(800) 321-2752

CHILD CARE LICENSING

(951) 782-4200

DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

(951) 782-4400