



CITY OF HIGHLAND

MOBILE VENDOR BUSINESS LICENSE APPLICATION CHECKLIST

_____ MOBILE VENDOR	FEE: \$ 345.00
_____ MOBILE WATER USER (if applicable)	FEE: \$ 130.00
_____ LIVE SCAN	FEE: \$ 34.00
_____ AB 1379	FEE: \$ 4.00
	TOTAL FEE: \$ 513.00

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 3-4 weeks to process this application, once all information is received.

_____ Copy of ABC License (951) 782-4400 or www.ABC.ca.gov

_____ Copy of BAR License (800) 952-5210 or www.smogcheck.ca.gov

_____ Copy of AQMD License (800) 888-8838 or (909) 396-2900

_____ Copy of Resale or Wholesale permit. You may need to obtain a seller's permit if you are engaged in business in California and sell merchandise that is subject to sales or use tax. Call the California Department of Tax and Fee Administration at (800) 400-7115 or visit www.cdtfa.ca.gov to inquire about applying for your permit.

_____ Copy of WDID Receipt Letter

_____ Copy of Health Permit 385 N Arrowhead Ave. San Bernardino, CA (909) 387-4323-MUST HAVE Health Permit if business is any of the following: Restaurant/prepackaged food stores/wholesale food manufacturers and distributors/mobile food facilities/commissaries/vending machines/massage clinics/tattooing, body piercing, and permanent cosmetics clinics/apartments/camps/small water systems/liquid waste haulers/medical waste generators/certified farmers markets

_____ Copy of Tobacco License (951) 782-4400 or www.abc.ca.gov

_____ Copy of Electronic/Appliance Repair License (919) 574-2069 or www.bar.ca.gov

_____ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino (Any business name that does not include the last name (surname) of the owner, or which implies additional owners such as "Company" or "and Son's")

_____ Copy of Exemption Form and back up documents

_____ Articles of Incorporation or Articles of Organization (if Corp or LLC is checked)

_____ Copy of Current Professional License

Office Use Only

_____ Verify all applicable fields are filled out and legible and enter all applicable fields

_____ Verify Fictitious Business Name Statement Requirement

_____ Verify Owner on Lease Agreement is listed as an Owner of property on Gov Clarity

_____ Verify that they either supply Health/Sellers Permit or they sign application section certifying they are not subject to it

_____ Once all departments have approved change status to Active/Issued and send out license in the mail



CITY OF HIGHLAND

MOBILE VENDOR APPLICATION

In order to avoid a delay in processing your application, please provide all applicable information, and type or print clearly.

_____	MOBILE VENDOR	FEE: \$ 345.00
_____	MOBILE WATER USER (if applicable)	FEE: \$ 130.00
_____	LIVE SCAN	FEE: \$ 34.00
_____	AB 1379	FEE: \$ 4.00
	TOTAL:	\$ 513.00

DBA Business Name: _____
 Business Name: _____
 Business Address: _____
 City, State, Zip: _____
 Business Phone: _____ Fax Number: _____
 Email Address: _____

Mailing address:

Mailing Address: _____
 City, State, Zip: _____

Type of Business: _____ Sole Proprietor _____ Partnership _____ Corp
 _____ LLC _____ Charitable _____ Other

Owner or Principal Officer(s):

Name: _____ Name: _____
 Title: _____ Title: _____
 Address: _____ Address: _____
 Phone # _____ Phone # _____

Company Information

Type of business being conducted: _____
 # of employees: _____
 Identify SIC Code*: _____
 SIC Description: _____

*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>

Resale Permit #: _____ Professional License # _____
 Sign here to certify not subject to Resale Permit: _____ Type/Issuer & Exp Date: _____
 Other Permit/license: _____ NPDES WDID #: _____

I declare, under penalties of Perjury, by signing as (one of) the owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s), and to the best of my knowledge believe to be true, accurate and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of The City of Highland Municipal Codes & Ordinances, including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy, the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay by the due date to avoid penalties. The applicant has up to 90 days to comply with the application process and the renewal process. If you do not meet this time period, your business license will be closed. You may reapply and pay all associated fees.

Signature: _____ Date: _____

OFFICE USE ONLY

X _____ X _____
 Public Services Planning
 X _____
 Code Enforcement