

CITY OF HIGHLAND

OUT OF CITY BUSINESS LICENSE APPLICATION CHECKLIST

_____ YEARLY *With option to renew-currently 44 per year

\$64 (includes \$4 AB1379 Fee)

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process.

_____ Copy of Current Professional License

_____ 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

Office Use Only

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

_____ Verify valid State Contractors license (if applicable)

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

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CITY OF HIGHLAND OUT OF CITY LICENSE APPLICATION

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

OUT OF CITY VENDOR/CONTRACTOR-YEARLY FEE: \$64 (Includes \$4 AB1379 Fee)

DBA Business Name: _____
 Business Name: _____
 Business Address: _____
 City, State, Zip: _____
 Mailing Address (if different): _____
 City, State, Zip: _____
 Business Phone: _____ Email Address: _____

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: _____ # of employees: _____

Honorably Discharged Veteran selling tangible goods? _____ Yes _____ No
 Is this business "Not For Profit"? _____ Yes _____ No
 Will the business operations include any waste, waste water, or rinse water to the ground, street, or storm drain? _____ Yes _____ No

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: _____	License Type: _____
Health Permit #: _____	Expiration Date: _____
Sign here to certify not subject to Health Permit: _____	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

Valid contractors license presented: _____
 Short term license project start date: _____

X _____ Date _____
 Public Services Approval



COUNTY OF SAN BERNARDINO
Office of the District Attorney
JASON ANDERSON
District Attorney
303 West 3rd Street
San Bernardino, CA 92415

Date of Inspection:

California Labor Code § 3700. Insurance and Security *(Securing payment of compensation)*

Every employer except the state shall secure the payment of compensation in one or more of the following ways:

- (a) By being insured against liability to pay compensation by one or more insurers duly authorized to write compensation insurance in this state.

- (b) By securing from the Director of Industrial Relations a certificate of consent to self-insure either as an individual employer, or as one employer in a group of employers, which may be given upon furnishing proof satisfactory to the Director of Industrial Relations of ability to self-insure and to pay any compensation that may become due to his or her employees.

California Labor Code § 3711. Uninsured Employers Fund *(Statement by employer showing name of insurer or compliance with requirement to secure compensation)*

The director, an investigator for the Department of Insurance Fraud Bureau or its successor, or a **district attorney investigator assigned to investigate workers' compensation fraud may, at any time, require an employer to furnish a written statement showing the name of his or her insurer or the manner in which the employer has complied with Section 3700.** Failure of the employer for a period of 10 days to furnish the written statement is prima facie evidence that he or she has failed or neglected in respect to the matters so required. The 10-day period may not be construed to allow an uninsured employer, so found by the director, any extension of time from the application of the provisions of Section 3710.1. An insured employer who fails to respond to an inquiry respecting his or her status as to his or her workers' compensation security shall be assessed and required to pay a penalty of five hundred dollars (\$500) to the director for deposit in the State Treasury to the credit of the Uninsured Employers Fund. In any prosecution under this article, the burden of proof is upon the defendant to show that he or she has secured the payment of compensation in one of the two ways set forth in Section 3700.

California Labor Code § 3700.5. Insurance and Security *(Failure to secure payment)*

(a) The failure to secure the payment of compensation as required by this article by one who knew, or because of his or her knowledge or experience should be reasonably expected to have known, of the obligation to secure the payment of compensation, is a misdemeanor punishable by imprisonment in the county jail for up to one year, or by a fine of up to double the amount of premium, as determined by the court, that would otherwise have been due to secure the payment of compensation during the time compensation was not secured, but not less than ten thousand dollars (\$10,000), or by both that imprisonment and fine.

(b) A second or subsequent conviction shall be punished by imprisonment in the county jail for a period not to exceed one year, by a fine of triple the amount of premium, or by both that imprisonment and fine, as determined by the court, that would otherwise have been due to secure the payment of compensation during the time payment was not secured, but not less than fifty thousand dollars (\$50,000).

(c) Upon a first conviction of a person under this section, the person may be charged the costs of investigation at the discretion of the court. Upon a subsequent conviction, the person shall be charged the costs of investigation in addition to any other penalties pursuant to subdivision (b). The costs of investigation shall be paid only after the payment of any benefits that may be owed to injured workers, any reimbursement that may be owed to the director for benefits provided to the injured worker pursuant to Section 3717, and any other penalty assessments that may be owed.

Name of Business

Print Name of Business Owner

Date

Signature of Business Owner