



## CITY OF HIGHLAND

### PEDDLER/SOLICITOR BUSINESS LICENSE APPLICATION CHECKLIST

_____ APPLICATION FEE	\$255
_____ LIVE SCAN (PER PERSON)	\$34
_____ AB 1379 (State Fee)	\$4
	<b>TOTAL</b> <u>\$293</u>

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.

\_\_\_\_\_ Live Scan- each driver or person that will be peddling/soliciting must apply for Live Scan Fingerprints. \*  
Call Highland Police Department to schedule appointment (**Required**)

\_\_\_\_\_ 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.cdfta.ca.gov](http://www.cdfta.ca.gov) to inquire about applying for your permit.

\_\_\_\_\_ 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 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 each peddler/solicitor filled out Page 2 (section 3, 4 & 5) and paid for Live Scan

\_\_\_\_\_ Verify each peddler/solicitor submitted California ID/or Drivers License

\_\_\_\_\_ Verify Fictitious Business Name Statement Requirement

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



BL#	
Routed	

## CITY OF HIGHLAND APPLICATION FOR PEDDLING/SOLICITING

_____	<b>APPLICATION</b>	<b>FEE: \$ 255.00</b>
_____	<b>LIVE SCAN</b>	<b>FEE: \$ 34.00</b> (per person)
_____	<b>AB 1379 (State Fee)</b>	<b>FEE: \$ 4.00</b>
		<b>TOTAL: \$ 293.00</b>

Application is hereby made for a City of Highland license to engage in the business of peddling goods, wares, merchandise, or of soliciting orders for goods or services for repair or improvement of real property exceeding \$25.00 in cost or value, within the City of Highland, pursuant to the provisions of Highland Municipal Code 5.04.340 and 5.04.350.

### Section 1

Applicant Name: \_\_\_\_\_  
 Applicant Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Applicant Phone & Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Employer Phone #: \_\_\_\_\_

### Section 2

Identify SIC Code*: _____	Resale Permit#: _____
SIC Description: _____	Sign here to certify not subject to Resale Permit: _____
WDID # (if applicable): _____	Health Permit #: _____
	Sign here to certify not subject to Health Permit: _____

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

Brief description of the nature of the business including goods or services being sold:

\_\_\_\_\_

\_\_\_\_\_

Specific locations and times of day applicant intends to peddle/solicited goods or services:

\_\_\_\_\_

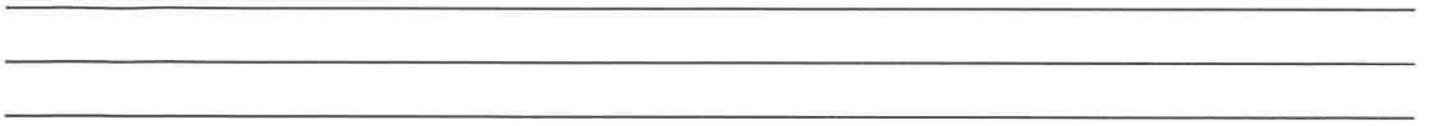
\_\_\_\_\_

If vehicle is used, give a description of vehicle including plate number and markings or advertisement

\_\_\_\_\_

Place where goods or property proposed to be sold are manufactured or produced and where these goods are located at the time the application is filed. Proposed method of delivery?

\_\_\_\_\_



*This page should be filled out separately for each person working. Live scan fees per person also required.*

**Section 3**

Name: \_\_\_\_\_ Nickname/Alias: \_\_\_\_\_  
DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Do you have a permit to carry a concealed weapon?  
Eye Color: \_\_\_\_\_ Yes \_\_\_\_\_ No  
Weight: \_\_\_\_\_  
Height: \_\_\_\_\_ If Yes, give date and place of issuance of permit:  
\_\_\_\_\_

**Section 4**

List all criminal convictions, including offense, date, and sentences. \*Omit traffic and parking offenses

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you required to register as a sex offender under Penal Code Section 290?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 5**

I hereby apply for one of the following exemptions and have submitted valid proof:

\_\_\_\_\_ Disability \_\_\_\_\_

\_\_\_\_\_ Under 18- Parent permission required \_\_\_\_\_

I declare under penalty of property, by signing as (one of) the owner(s), principal officer(s) listed below that this application, including attachments, has been examined by me, 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 and Ordinances including state and federal laws. In addition, I assume responsibility to reapply for this business license on an annual basis and pay the license fees on time. I understand that I may 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 we will send you a reapply notice. If you do not receive the notice, it is your responsibility to reapply by the expiration date.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**HIGHLAND POLICE DEPARTMENT NOTES:**

I have investigated this application and recommend it be :

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Detective Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

X \_\_\_\_\_  
Public Services Approval

\_\_\_\_\_  
Date