

CITY OF HIGHLAND

COMMERCIAL INFORMATION CHANGE LICENSE APPLICATION

_____ CHANGE OF BUSINESS NAME AND/OR OWNER	FEES: \$ 70.00
_____ <i>Building & Safety required inspections for change in Owner</i>	FEES: \$ 340.00
_____ CHANGE OF BUSINESS LOCATION	FEES: \$ 210.00
_____ <i>Planning permits required for all signs and copies of all updated permits</i>	
_____ <i>Building & Safety Inspection</i>	FEES: \$ 195.00
_____ <i>Fire Inspection</i>	FEES: \$ 145.00
	TOTAL FEES: \$ 550.00

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 Lease or Sub-Lease Agreement or Escrow Papers or Buy/Sell Agreement **(Required)**
- _____ Copy of Purchase Agreement from previous owner (page indicating parties involved)
- _____ 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 Permit and/or Registrations or Exemption (application provided) (800) 888-8838 or (909) 396-2900 **(Required)**
- _____ Copy of San Bernardino County Fire-Hazardous Materials Disclosure (application provided) **(Required)**
- _____ Copy of Commercial Floor Plan, see attachments for instructions and examples **(Required)**
- _____ Copy of Commercial Site Plan, see attachments for instructions and examples **(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 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

COMMERCIAL INFORMATION CHANGE LICENSE APPLICATION

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

CHANGE OF BUSINESS NAME AND/OR OWNER	FEE: \$70.00
<i>Building & Safety required inspections for change in Owner</i>	FEE: \$340.00
CHANGE OF LOCATION	FEE: \$210.00
<i>Planning permits required for all signs and copies of all updated permits</i>	
<i>Building & Safety Inspections</i>	FEE: \$195.00
<i>Fire Inspection</i>	FEE: \$145.00
TOTAL FEES:	\$550.00

CURRENT BUSINESS LICENSE INFORMATION

Business License # _____
Business Name: _____
Address: _____
City, State, Zip: _____

NEW BUSINESS LICENSE INFORMATION

Business Name/DBA: _____
Address: _____
City, State, Zip: _____
Mailing Address: _____
Business Phone: _____ **Fax number:** _____
Email Address: _____

CHANGE IN ENTITY TYPE

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

Type of business being conducted: _____

CHANGE IN OWNERSHIP

Name: _____	Previous Owner: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Phone Number: _____	Phone Number: _____

Did you make any tenant improvements to the above business location? _____ Yes _____ No

If yes, please explain: _____

I completed the registration process through the South Coast Air Quality District? _____ Yes _____ No

I completed the registration process through the San Bernardino Fire Department for Haz Mat? _____ Yes _____ No

Professional license #: _____	Seller's Permit #: _____
License Type: _____	Sign here to certify not subject to Resale Permit: _____
Expiration Date: _____	Health Permit #: _____
# of employees: _____	Sign here to certify not subject to Health Permit: _____

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 authorize representatives of this City or County to enter the above identified property for inspection purposes during listed business hours of operation. 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.

Signature: _____ **Date:** _____

OFFICE USE ONLY

() X	X
Zoning Planning Approval Date	Code Enforcement Approval Date
X	X
BP# Building & Safety Approval Date	Fire Inspector Approval Date
X	
Public Services Date	

COMMERCIAL INFORMATION CHANGE BUSINESS LICENSE

(OWNER OR MODIFICATION)

CHANGE IN OWNERSHIP/PREVIOUS OWNER'S DECLARATION

I DECLARE, UNDER PENALTIES OF PERJURY, BY SIGNING AS ONE OF THE PREVIOUS BUSINESS OWNERS BELOW, THAT I HAVE FULLY AUTHORIZED:

Names of New Business owners(s)/ Principal/Officers(s)

TO TAKE OVER MY BUSINESS:

Name of Business

Business Location

IN ORDER TO CONDUCT A BUSINESS FOR THE PURPOSE OF :

Type of Business

IN COMPLIANCE WITH THE APPLICABLE PROVISIONS OF THE CITY OF HIGHLAND MUNICIPAL CODE & ORDINANCES, STATE & FEDERAL LAW

Previous Business Owner Name

Date

New Business Owner Name

Date

NOTICE OF BUSINESS LICENSE CHANGE OF LOCATION

REQUEST TO CHANGE BUSINESS LOCATION- FOR BUSINESS LOCATED AT:

Business Location

Old Business Name

New Business Name- Must attach a copy of updated fictitious business name statement

APPLICANT SIGNATURE

I DECLARE, UNDER PENALTIES OF PERJURY, BY SIGNING AS (ONE OF) THE OWNER(S)/PRINCIPAL OFFICER(S) LISTED BELOW, THAT THIS ATTACHMENT HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE IS TRUE, ACCURATE, AND COMPLETE OF ALL FACTS. IN ADDITION, I AM AWARE OF THE OLD LICENSE'S DUE EFFECTIVE DATE(S) AND THAT I HAVE THE OPTION TO REQUEST A MODIFIED LICENSE FOR A FEE.

(Business Owner's Signature)

Date



CITY OF HIGHLAND BUILDING & SAFETY DIVISION

27215 Baseline St., Highland Ca, 92346

Permit Counter: (909) 864-8732 X 232 | Inspection Request Line 909-864-8732 X 228

Commercial Site Plan

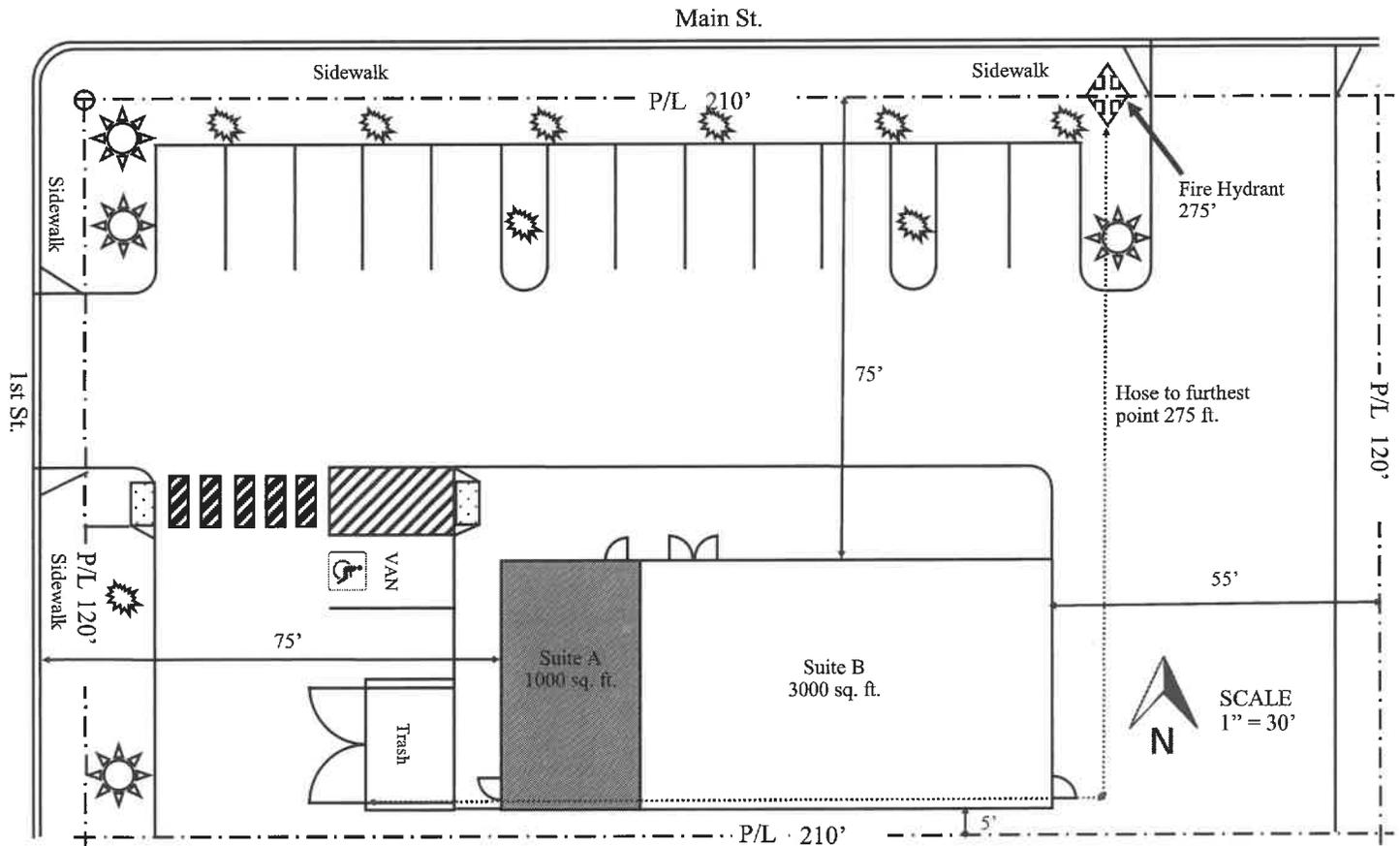
Please use a separate sheet of paper for each plan

1. Plans should accurately depict the building or unit within the site. Please show any detached storage structures or other buildings on the property, indicate the location of streets, driveways, alley ways, parking areas, landscaped areas, fences, etc.
2. Plans should be legible and to some discernable scale with a north facing arrow.
3. Provide the square feet of the building or tenant space and Unit number if applicable
4. Include owners name and phone number, address or assessors parcel number, name and type of business
6. Submit 3 copies of the plans to the city

Note: Poorly drawn plans could cause delays and may be rejected.

Please contact Building and Safety staff should you have any questions. 909-864-8732

- Please note this is only an EXAMPLE -



Owners Name Telephone Number Email	General Store Address: 1234 Main St. Suite A	Date: 04/1/2021 Scale: 1" = 30'
--	---	------------------------------------



CITY OF HIGHLAND BUILDING & SAFETY DIVISION

27215 Baseline St., Highland Ca, 92346

Permit Counter: (909) 864-8732 X 232 | Inspection Request Line 909-864-8732 X 228

Commercial Floor Plan

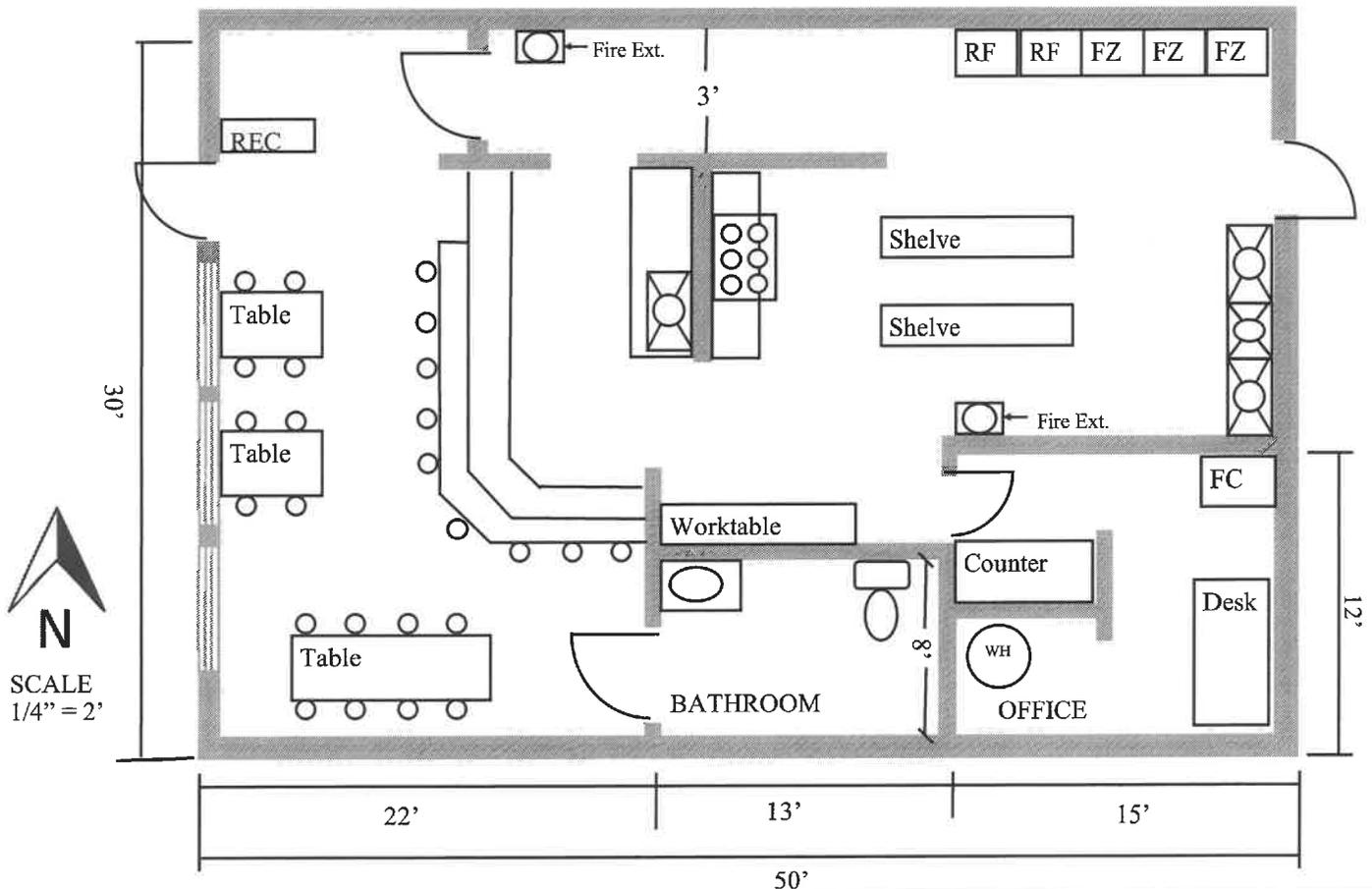
Please use a separate sheet of paper for each plan

- Plans should accurately depict the building layout.
 - Show all tables, desks, windows, entrances & exits, restrooms, hallways, storage areas, and location of any fire extinguisher(s).
- Plans should be legible and to some discernable scale.
- Provide the square feet of the building or tenant space.
- Include all dimensions, show all rooms and identify their use and size.
- Include owners name and contact information, Suite, address or assessors parcel number, name and type of business
- Submit 3 copies of the plans to the city

Note: Poorly drawn plans could cause delays and may be rejected.

Please contact Building and Safety staff should you have any questions. 909-864-8732

- Please note this is only an EXAMPLE -



Owners Name
Telephone Number
Email

GENERAL RESTAURANT
Address: 1234 Main St. Suite 12

Date: 04/1/2021
Scale: 1/4" = 2'



South Coast
 Air Quality Management District
 21865 Copley Drive, Diamond Bar, CA 91765-4182

Small Business Assistance Office
 1-800-388-2121
 smallbizassistance@aqmd.gov
 www.aqmd.gov

Air Quality Permit Checklist

South Coast Air Quality Management District developed this Air Quality Permit Checklist (checklist) as a screening evaluation tool in the process required by California Government Code Section 65850.2.

Please submit this checklist to the Small Business Assistance Office by email, mail, or in person for review. If you have any questions or need assistance completing this checklist, contact the Small Business Assistance Office. Provide a response to all sections of this checklist as South Coast AQMD may decline to approve this checklist due to lack of information from the applicant.

NOTE: This checklist is not intended for the approval of demolition or renovation activities. If there are any **demolition or renovation activities** that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

Section A – Operator and Business Information	
1. Business Name:	
2. Address:	
Street	City CA Zip
3. Contact Name:	Phone:
Title:	Email:
Section B – Business and Equipment Description	
<p>Please provide a detailed description of the ongoing business operations performed and equipment used at this location, including both new and existing equipment. Provide the existing South Coast AQMD facility ID and/or permit numbers, if any.</p>	

Section C – Equipment List

Select from the list below equipment currently in operation or to be installed.
(Select all that apply and provide the specifications)

- | | |
|--|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room | <input type="checkbox"/> Soldering Oven |
| <input type="checkbox"/> Air Conditioning Systems (> 50 lbs of refrigerant) | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Application of Paints/Adhesives/Resins | <input type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Baghouse/Dust Collector | <input type="checkbox"/> Storage Silos |
| <input type="checkbox"/> Bakery Oven (gas-fired, excluding eating establishments) | <input type="checkbox"/> Fuel-burning equipment |
| <input type="checkbox"/> Boiler/Water Heater
(max. heat input = or > 1 million BTU/hr) | <input type="checkbox"/> OTHER equipment which may have the
potential to emit or control air
contaminants: |
| <input type="checkbox"/> Charbroiler | _____ |
| <input type="checkbox"/> Coffee Roaster (excluding eating establishments) | _____ |
| <input type="checkbox"/> Deep Fryer (excluding eating establishments) | _____ |
| <input type="checkbox"/> Dry Cleaning | _____ |
| <input type="checkbox"/> Electrostatic Precipitator | _____ |
| <input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting | _____ |
| <input type="checkbox"/> Fermentation | _____ |
| <input type="checkbox"/> Gasoline Storage & Dispensing | _____ |
| <input type="checkbox"/> Internal Combustion Engine
(rated > 50 bhp; e.g. back-up generator, fire pump) | _____ |
| <input type="checkbox"/> Mixing/Bleding of Liquids and/or Powders | _____ |
| <input type="checkbox"/> Molding/Extruding/Curing of Plastics | _____ |
| <input type="checkbox"/> Pharmaceutical/Nutraceutical | _____ |
| <input type="checkbox"/> Plasma/Laser Cutter | _____ |
| <input type="checkbox"/> Printing/Coating/Drying | _____ |
| <input type="checkbox"/> Refrigeration Systems (containing >50 lbs of refrigerant) | _____ |
- Contact the CA Air Resources Board to register the systems.
916-324-2517 or rmp@arb.ca.gov

Section D - Business Self Certification

7. Owner or Authorized Representative*:		Title:
Signature:	Date:	Phone:

I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.

South Coast AQMD USE ONLY	Equipment:	Approved By:
	<input type="checkbox"/> Applicant has permit(s) or registration(s):	
	<input type="checkbox"/> Applicant has filed for permit(s) or registration(s):	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring a permit or registration.	

*An **Authorized Representative** is an employee of the business described in Section A, who is authorized to sign on behalf of the owner.

HAZARDOUS MATERIALS DISCLOSURE

Please place a check mark next to the category of hazardous materials that you use or store at your place of business.

- Gasoline, diesel or used oil stored in an underground tank: lubricating oils, antifreeze, hydraulic fluids, etc. associated with automotive repair facilities; motor vehicle batteries (less than 1000 pounds); and oxygen acetylene, argon or other compressed gases (less than 1000 cubic feet) associated with automotive welding.
- Flammable - Gasoline, naphtha solvent, acetone, kerosene, paint thinner, paint, and ink.
- Combustibles - Diesel oil, fuel oil, mineral oil, lubricating oil, and liquid asphalt.
- Corrosives - Acetic acid, ammonium hydroxide, chromic acid, hydrochloric acid, oleum perchloric acid, phosphorus pentachloride, potassium hydroxide, and sodium hydroxide.
- Reactive - Organic peroxides, hypochlorite, per chlorates, magnesium alloys, matches, celluloid, calcium carbide, ammonium nitrate, lead nitrate, methyl ethyl ketone peroxides (MEKP) acetyl chloride, chromic acids, cyanides, permanganates, and sulfides.
- Toxic Materials - Examples of toxic materials include materials/wastes, which contain heavy metal/inorganic such as dusts solution, wastewater treatment sludges, paint wastes, or waste inks. Examples of toxic heavy metals and inorganic include arsenic, barium cadmium chromium, lead, mercury, selenium, and silver.
- Explosives in Division 1/3 - Signal cartridges and empty combustible cases without primer.
- Compressed gases or liquids - Oxygen, acetylene, argon, helium, carbon dioxide, propane, nitrogen and saline.
- Poisons in Division 2.3 - Poisonous gases such as chlorine gas, arsine, phosgene, and cyanogens.
- Poisons in Division 6.1 - Poisonous solids/liquids such as arsenic compounds, phenol pesticides (e.g. cabamates, copper-based organochlorine, organophosphorus, organotin, phenyl urea, phenoxy, etc.). Tree or weed killing compound, cyanides, disinfectants, dyes, isocyanates, medicines, mercury compound, motor-fuel anti-knock mixtures, etc....
- Explosive in Division 1.1 - Explosive articles, pyrotechnic articles, black powder, and nitroglycerin.
- Explosive in Division 1.2 - Cartridges for weapons, propelling charges for cannons and propelling charges for rocket motors.
- Acutely Hazardous Materials/Extremely Hazardous Wastes - Anhydrous ammonia, sulfuric acid, nitric acid, hydrogen chloride (gas), hydrogen fluoride, phosphoric acid, formaldehyde, PCBs and toluene dissociate.
- Radioactive Materials - Radioactive sources such as Strontium 90, Cesium 137, Cobalt 60, Carbon 14, Iodine 131, and Americium 244.
- Universal wastes that include fluorescent lights, HID lamps, mercury thermometers, mercury thermostats, non-empty aerosol cans, computer & television monitors (greater than 4 inches in diameter), and non-automotive batteries.
- Other hazardous materials to be used or stored at my place business: _____

If you use or store any of the listed hazardous materials at your place of business, you may need a permit from the:

**San Bernardino County Fire Department
Hazardous Materials Division
620 South "E" Street
San Bernardino, Ca 92415-0153
Phone (909) 386-8401
Fax: (909) 386-8460**

All businesses are required to complete the registration process through San Bernardino County Fire Department go to www.cers.calepa.ca.gov.

Provide registration clearance to the City.



CITY OF HIGHLAND
SB 205 Business Licenses Stormwater Discharge Compliance Form

California Senate Bill No. 205 (SB 205) approved in October 2019 mandates “regulated” industrial facilities demonstrate enrollment under the State Water Resources Control Board’s (SWRCB) Industrial General Permit (IGP) **prior to being issued** a new or renewed business license. To meet the requirements of SB 205, businesses applying for a business license within the City of Highland (City) must **complete** and **submit** the questionnaire below. Please note industrial businesses are primarily regulated based on their Standard Industrial Classification Code (SIC Code) defined in Attachment A of the IGP. Additional information is included in the California Industrial Activities Storm Water General Permit Fact Sheet.

Questionnaire

Business Name: _____

Business Address: _____

Provide a Brief Description of Business Activities: _____

Provide required primary SIC Code(s): _____

	YES	NO
Does your Primary SIC Code(s) match any of the regulated SIC Codes defined in Attachment A of the IGP (excluding Transportation Facilities)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your facility a Transportation Facility (SIC Codes 40XX-45XX except 4221-25 and 5171) AND do you have a vehicle maintenance shop or cleaning operations?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility subject to storm water Effluent Limitations Guidelines, New Source Performance Standards, or Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility treat, store, or dispose of hazardous waste operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act (RCRA)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility generate steam for electric power through the combustion of coal, oil, wood, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility a sewage or wastewater treatment works with a design flow of one million gallons per day or more or require an approved pretreatment program?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered “yes” to any of the questions above, your facility requires coverage under the IGP and you must provide one of the applicable numbers below.

WDID Number: _____ NEC: _____

WDID Application Number: _____ NONA: _____

Declaration

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name _____ Title, Phone Number _____

Signature _____ Date _____

ATTACHMENT A

FACILITIES COVERED BY NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) GENERAL PERMIT FOR STORM WATER DISCHARGES ASSOCIATED WITH INDUSTRIAL ACTIVITIES (GENERAL PERMIT)

1. Facilities Subject To Storm Water Effluent Limitations Guidelines, New Source Performance Standards, or Toxic Pollutant Effluent Standards Found in 40 Code of Federal Regulations, Chapter I, Subchapter N (Subchapter N):

Cement Manufacturing (40 C.F.R. Part 411); Feedlots (40 C.F.R. Part 412); Fertilizer Manufacturing (40 C.F.R. Part 418); Petroleum Refining (40 C.F.R. Part 419), Phosphate Manufacturing (40 C.F.R. Part 422), Steam Electric (40 C.F.R. Part 423), Coal Mining (40 C.F.R. Part 434), Mineral Mining and Processing (40 C.F.R. Part 436), Ore Mining and Dressing (40 C.F.R. Part 440), Asphalt Emulsion (40 C.F.R. Part 443), Landfills (40 C.F.R. Part 445), and Airport Deicing (40 C.F.R. Part 449).
2. Manufacturing Facilities:

Facilities with Standard Industrial Classifications (SICs) 20XX through 39XX, 4221 through 4225. (This category combines categories 2 and 10 of the previous general permit.)
3. Oil and Gas/Mining Facilities:

Facilities classified as SICs 10XX through 14XX, including active or inactive mining operations (except for areas of coal mining operations no longer meeting the definition of a reclamation area under 40 Code of Federal Regulations. 434.11(1) because the performance bond issued to the facility by the appropriate Surface Mining Control and Reclamation Acts authority has been released, or except for areas of non-coal mining operations which have been released from applicable State or Federal reclamation requirements after December 17, 1990) and oil and gas exploration, production, processing, or treatment operations, or transmission facilities that discharge storm water contaminated by contact with or that has come into contact with any overburden, raw material, intermediate products, finished products, by-products, or waste products located on the site of such operations. Inactive mining operations are mining sites that are not being actively mined, but which have an identifiable owner/operator. Inactive mining sites do not include sites where mining claims are being maintained prior to disturbances associated with the extraction, beneficiation, or processing of mined material; or sites where minimal activities are undertaken for the sole purpose of maintaining a mining claim.
4. Hazardous Waste Treatment, Storage, or Disposal Facilities:

Hazardous waste treatment, storage, or disposal facilities, including any facility operating under interim status or a general permit under Subtitle C of the Federal Resource, Conservation, and Recovery Act.
5. Landfills, Land Application Sites, and Open Dumps:

Landfills, land application sites, and open dumps that receive or have received industrial waste from any facility within any other category of this Attachment; including facilities subject to regulation under Subtitle D of the Federal Resource, Conservation, and Recovery Act, and facilities that have accepted wastes from construction activities (construction activities include any clearing, grading, or excavation that results in disturbance).
6. Recycling Facilities:

Facilities involved in the recycling of materials, including metal scrapyards, battery reclaimers, salvage yards, and automobile junkyards, including but limited to those classified as Standard Industrial Classification 5015 and 5093.
7. Steam Electric Power Generating Facilities:

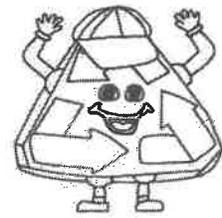
Any facility that generates steam for electric power through the combustion of coal, oil, wood, etc.
8. Transportation Facilities:

Facilities with SICs 40XX through 45XX (except 4221-25) and 5171 with vehicle maintenance shops, equipment cleaning operations, or airport deicing operations. Only those portions of the facility involved in vehicle maintenance (including vehicle rehabilitation, mechanical repairs, painting, fueling, and lubrication) or other operations identified under this Permit as associated with industrial activity.
9. Sewage or Wastewater Treatment Works:

Facilities used in the storage, treatment, recycling, and reclamation of municipal or domestic sewage, including land dedicated to the disposal of sewage sludge, that are located within the confines of the facility, with a design flow of one million gallons per day or more, or required to have an approved pretreatment program under 40 Code of Federal Regulations part 403. Not included are farm lands, domestic gardens, or lands used for sludge management where sludge is beneficially reused and are not physically located in the confines of the facility, or areas that are in compliance with Section 405 of the Clean Water Act.



**City of Highland
Commercial Solid Waste/
Recycling Management Plan
Public Services Division**



COMPLETE THIS FORM PRIOR TO OCCUPANCY

Business Name: _____
Business Address: _____
Business Phone: _____
SIC Code # _____ **SIC Code Group Name:** _____

Primary Contact Name: _____
Primary Contact Number: _____

Property Management Group Name (if applicable): _____
Property Management Group Phone Number (if applicable): _____

Please Contact Hauler To Set Up Services:

Burrtec Waste Industries Inc. (909) 889-1969

Size and Quantity of Solid Waste Container(s) Proposed for Use:

Size and Quantity of Recycling Container(s) Proposed for Use:

Size and Quantity of Organics/Food Waste Container(s) Proposed for Use:

Frequency of Pick Up: _____

Primary Waste(s) Generated:

Other Waste(s) Generated:

List all material(s) that will be recycled on-site (check all that apply):

paper cardboard plastic food
 wood pallets glass aluminum cans greenwaste

Who will be responsible for collection and proper disposal of recyclable materials?

Note: Prior to submitting this form, please arrange disposal services with hauler.

*****Office Use Only*****

Confirmation of Hauler and Services Provided By: _____
 Staff Approval Granted By: _____
 Date: _____