



CITY OF HIGHLAND

COMMERCIAL BUSINESS LICENSE APPLICATION

_____ APPLICATION FEE	FEE: \$310.00
_____ BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	FEE: \$175.00
_____ FIRE PERMIT	FEE: \$140.00
_____ AB 1379	FEE: \$4.00
	TOTAL: \$629.00

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 2-3 weeks to process this application, once all information is received.

- _____ Copy of Lease Agreement or Escrow Papers
- _____ 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 (800) 400-7115 or www.boe.ca.gov
- _____ Copy of WDID Receipt Letter
- _____ Copy of Health Permit (800) 442-2283
- _____ Copy of Tobacco License (951) 782-4400 or www.abc.ca.gov
- _____ Copy of Electronic/Appliance Repair License (919) 574-2069 or www.bear.ca.gov
- _____ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino
- _____ Copy of Exemption Form and back up documents (if applicable)



CITY OF HIGHLAND

COMMERCIAL BUSINESS LICENSE APPLICATION

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

APPLICATION FEE	FEE: \$310.00
BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	FEE: \$175.00
FIRE PERMIT	FEE: \$140.00
AB 1379	FEE: \$4.00
TOTAL FEES: \$629.00	

Business Name/DBA: _____
 Location Address: _____
 City, State, Zip: _____
 Mailing address: _____
 Business Phone: () _____
 Fax number: () _____

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

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

Type of business being conducted: _____

Identify SIC Code*: _____
 SIC Description: _____

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

Owner or Principal Officers:

Name: _____ Title: _____
 Address: _____
 City, State, Zip: _____ Circle **ONE** and provide number: SSN, TIN, DL or ID
 Phone Number: _____

Name: _____ Title: _____
 Address: _____
 City, State, Zip: _____ Circle **ONE** and provide number: SSN, TIN, DL or ID
 Phone Number: _____

Federal Tax ID# _____ ARD License #: _____
 Seller's Permit #: _____ Health Permit #: _____
 NPDES WDID #: _____ # of employees: _____

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.

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	_____	X	_____
	Public Services Approval	Date	

Building & Safety/Planning/Code Requirements

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

Certificate of Occupancy & Fire Permits

Per the 2010 California Building Code Section 111 and the 2010 California Fire Code Section 105.3.3 a Certificate of Occupancy permit and inspection is required for all new tenants occupying a building or structure. The applications for each permit will be submitted to the Building & Safety Department upon receipt of a completed Business License Application and all of the appropriate fees are paid. Along with the permits a Haz-Mat packet is required to be completed and turned into the Building & Safety Department prior to calling for the inspections. To set up the inspections please come into the Building and Safety counter between the hours of 7:30 to 5:00 Monday thru Thursday or call 909-864-2136 ext 228. Your Business License Application will not be approved by the Building and Safety Department as well as the Code Enforcement Department until all violations or provisions of the City of Highlands' Codes and Ordinances is found to be in compliance.

Signs

All new signs to be used in conjunction with your business must be approved by the City of Highland's Planning Division. Please call the Planning Department at (909) 864-6861 x258 to discuss your needs for a Sign Review Application. New business identification signs cannot be installed until a sign application had been approved.

Staff Review

New commercial applicants must submit a Staff Review application to the Planning Department. Please contact the Planning Department at (909) 864-6861 x 258.

AB1379- \$4 Certified Access Specialist Program Fee on Business License Applications and Renewals

“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/Home.aspx.
The Department of Rehabilitation at www.rehab.cahwnet.gov
The California Commission on Disability Access at www.cdda.ca.gov”

I declare, under penalties of perjury, by signing as (one of) the owner(s), principal officer(s) listed below, that this Attachment to the Commercial Business License Application has been examined by me, and to the best of my knowledge is true, accurate, and complete of all facts.

Signature: _____

Date: _____