



# 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.

_____	<b>OUT OF CITY VENDOR/CONTRACTOR-YEARLY</b>	<b>FEE: \$156.00</b>	(Includes \$1 SB1186 Fee)
_____	<b>OUT OF CITY VENDOR/CONTRACTOR-MONTHLY</b>	<b>FEE: \$36.00</b>	(Includes \$1 SB1186 Fee)
_____	<b>OUT OF CITY VENDOR/CONTRACTOR-WEEKLY</b>	<b>FEE: \$21.00</b>	(Includes \$1 SB1186 Fee)
_____	<b>OUT OF CITY VENDOR/CONTRACTOR-DAILY</b>	<b>FEE: \$11.00</b>	(Includes \$1 SB1186 Fee)

Business Name/DBA: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_  
 Fax number: ( ) \_\_\_\_\_

**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: \_\_\_\_\_  
 Federal Tax ID/SS#: \_\_\_\_\_ # of employees: \_\_\_\_\_

### *\*Provide a copy of all permits*

Resale Permit #: \_\_\_\_\_ Contractor License #: \_\_\_\_\_  
 Health Permit #: \_\_\_\_\_ Class: \_\_\_\_\_  
 Other Permit/license: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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: \_\_\_\_\_



COUNTY OF SAN BERNARDINO  
**Office of the District Attorney**  
**MICHAEL A. RAMOS**

District Attorney  
412 W. Hospitality Lane, 3<sup>rd</sup> Floor  
San Bernardino, CA 92415-0023

Date of Inspection

Tuesday, December 16, 2014

**California Labor Code § 3700. Securing payment of compensation**

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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. Statement by employer showing name of insurer or compliance with requirement to secure compensation**

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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.

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Print Name of Business Owner

\_\_\_\_\_  
Signature of Business Owner