



CITY OF HIGHLAND

COMMERCIAL BUSINESS LICENSE APPLICATION CHECKLIST

_____	APPLICATION FEE	\$310
_____	BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	\$175
_____	FIRE PERMIT	\$140
_____	AB 1379	\$4
	TOTAL	\$629

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 (**Required**)
- _____ 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. 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.boe.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.bear.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 (if Corp is checked)
- _____ Copy of Current Contractors License
- _____ Cosmetology License and or Establishment 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 i
- _____ Once all departments have approved change status to Active/Issued and send out license in the mail



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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: () _____
 Email Address: _____

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/SS#: _____ Contractor License #, Class & Exp: _____
 Resale Permit #: _____ Sign here to certify not subject to Seller's Permit _____
 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.

Signature: _____ Date: _____

OFFICE USE ONLY

<p>First () _____ Zoning Planning Approval Date</p> <p>Second _____ Public Services Approval Date</p> <p>Third _____ BP# Building & Safety Approval Date</p> <p>Fourth _____ Fire Inspector Approval Date</p>	<p>Fifth _____ Code Enforcement Approval Date</p> <p>Sixth _____ Finance</p> <ol style="list-style-type: none"> 1. Confirm property owner in Gov.Clarity 2. Enter all applicable fields 3. Enter any applicable license and exp. dates 4. Enter Approvals on Approval screen
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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: _____

DISABILITY ACCESS REQUIREMENTS AND RESOURCES



NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:

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:

DEPARTMENT OF GENERAL SERVICES,
Division of the State Architect, CASp
Program

www.dgs.ca.gov/dsa

www.dgs.ca.gov/casp

DEPARTMENT OF REHABILITATION
Disability Access Services

www.dor.ca.gov

www.rehab.cahwnet.gov/

disabilityaccessinfo

DEPARTMENT OF GENERAL SERVICES,
California Commission on Disability Access

www.cdda.ca.gov

www.cdda.ca.gov/resources-menu/

CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them. To find a CASp, visit

www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx.

GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

Disabled Access Credit for Eligible Small Businesses

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at www.irs.gov.

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at www.ftb.ca.gov.

Architectural and Transportation Barrier Removal Deduction

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at www.irs.gov.

California Capital Access Financing Program

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at www.treasurer.ca.gov/cpcf/calcap/.

FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

DISABILITY ACCESS REQUIREMENTS AND RESOURCES



AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) –The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at www.ada.gov.

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility’s compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at www.bsc.ca.gov.



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