

**BUSINESS LICENSE**

13220 CENTRAL AVENUE CHINO, CA 91710 (909) 334-3263 FAX (909) 334-3727  
 MAILING ADDRESS: P. O. BOX 667 CHINO CA 91708-0667

**CITY OF CHINO**  
**FINANCE**  
**DEPARTMENT**

**BUSINESS INFORMATION**

Business Name: (Fictitious Name or Doing Business As where applicable)	Business Phone:
Address:	Fax No.:
Mailing Address (if different than above):	Emergency Phone (After Hours):
Email Address:	Website:

**FOR HOME OCCUPATION BUSINESSES:**

I agree to file for a Home Occupation Permit in Development Services and to comply with the requirements of the City of Chino Municipal Code Chapter 20.21.040. Signature: \_\_\_\_\_

**OWNER/OFFICER INFORMATION (Complete names and addresses of at least two officers, partners, or owners.) - CONFIDENTIAL**

Name:	Title:	Name:	Title:
Drivers Lic. #	Social Sec. # (Or other valid ID*)	Drivers Lic. #	Social Sec. # (Or other valid ID*)
Home Address (include city & zip)		Home Address (include city & zip)	
Phone:	FAX:	Phone:	FAX:

Type of ownership (select one):    **SOLE OWNER**                    **PARTNERSHIP**                    **CORPORATION**

**ENTITY INFORMATION**

Legal Entity Name:	Federal Employer's ID:	State ID:
Address:		

**PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL:**

<b>THIS BUSINESS IS:</b> <input type="checkbox"/> New      EXPECTED START DATE: _____ <input type="checkbox"/> Change in type of business <input type="checkbox"/> Change in ownership (same business) <input type="checkbox"/> Name change (if so, previous name) _____ Location change (if so, previous Chino address) _____ State License #:                      Exp.:	Is this a minority owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of business? _____ _____ # of full-time employees _____ # of part-time employees _____ Total # of employees _____ # of employees residing in Chino: _____ # of trucks or vehicles owned & stored on site _____
State Board of Equalization #	Occupant load greater than 50? <input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Company name and address:	SIC: _____ ( <a href="http://www.osha.gov/pls/imis/sicsearch.html">http://www.osha.gov/pls/imis/sicsearch.html</a> ) WDID/WDID Application NO.: _____ NONA: _____ NEC: _____ ( <a href="https://www.waterboards.ca.gov/centralvalley/">https://www.waterboards.ca.gov/centralvalley/</a> )

**FOR OFFICE USE ONLY**

Fee Pd/Date	Rate Code
Method of pmt	Exp. Date
Business license no.	Reviewed by
NAICS Code	Date

( ) Fire District   ( ) Development Services   ( ) Police   ( ) Environmental Eng.   ( ) Building   ( ) Water Utility

## TYPE OF BUSINESS

- Retail sales (products): \_\_\_\_\_  
 Wholesale distribution Only (products): \_\_\_\_\_  
 Combination: Wholesale \_\_\_\_\_% and Retail \_\_\_\_\_%  
 Manufacturing/Fabrication (products): \_\_\_\_\_  
  
 Trucking/Transportation  
 Warehousing  
 Import/Export (products): \_\_\_\_\_  
 Non-profit organization  
 other

- Agriculture  
 Engineer/Inspector  
 Restaurant  
 Administrative Headquarters (sales office elsewhere)  
 Property rental (residential/commercial)  
 Entertainment/Amusement  
 Personal Services  
 Professional Services

PLEASE ANSWER THE FOLLOWING QUESTIONS. IF THE ANSWER IS YES, PLEASE DESCRIBE FULLY

(Attach an additional sheet if necessary.)

Will any work/use/storage be conducted outside of a wholly enclosed building at this location?	[ ] Yes [ ] No
Will your operations include any processing, <b>handling, storage or discharge of hazardous material</b> , including chemicals and solvents?	[ ] Yes [ ] No
Will you generate any <b>hazardous waste</b> at this site?	[ ] Yes [ ] No
Will you be discharging any waste other than domestic waste to the sewer system?	[ ] Yes [ ] No
Will your business operation include any <b>welding or cutting? Acetylene, arc?</b>	[ ] Yes [ ] No
Does your facility have any manufacturing process, materials, equipment or products stored in an area that may come into contact with <b>storm water runoff</b> ?	[ ] Yes [ ] No
Will there be storage of more than 5 gallons of <b>flammable liquid</b> of any type?	[ ] Yes [ ] No
Will your business operation include <b>spray painting</b> ?	[ ] Yes [ ] No
Will your operation include sanding, cutting or shaping of wood or products producing <b>combustible</b> dust or fibers?	Yes No
Will there be <b>storage of materials</b> exceeding 12 feet in height; or tire, plastic or flammable liquid storage over 6 feet in height?	[ ] Yes [ ] No
Will there be <b>repair of vehicles</b> beyond the simple exchange of parts?	[ ] Yes [ ] No
Will the building be used for education, instruction, and worship or dining?	[ ] Yes [ ] No
Will you be selling/serving alcoholic beverages? <b>If yes, what type of ABC license?</b>	[ ] Beer [ ] Wine [ ] All alcohol
Will there be <b>entertainment</b> including, but not limited to, live performances (includes bands, disc jockey); dancing, other?	[ ] Yes [ ] No
Will there be <b>arcade machines</b> /amusement devices? <b>If so, how many?</b>	Yes No
Will your business offer any type of service or product or entertainment which is characterized by an emphasis on matters depicting, describing, or relating to specified anatomical matters as states in Chino Municipal Code 5.05 ( <b>ADULT ORIENTED</b> ) ?	
Will there be any placement of new machinery, equipment or storage units <b>outdoors or on the roof?</b> <b>If yes, what?</b>	Yes No

I hereby certify that the information provided on this form is true and correct to the best of my knowledge and ability. I acknowledge that applying for a business license does not guarantee the right to conduct any business activity that is in violation of any city code. All permits required from city departments must be obtained before the business activity will be allowed.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address Where I Consent to Service of Process\*\*: \_\_\_\_\_

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CITY OF CHINO
FINANCE DEPARTMENT

## DEVELOPMENT SERVICES

### PLANNING REFERRAL FOR BUSINESS LICENSE

Business Name (DBA):	
Business Address:	
Owner(s) Name:	
Contact Name:	
Contact Phone Number:	

### Building Information Required for Approval

Business Type (check one):  Commercial  Industrial  Office  Other (Specify):

Building Type (check one):  Single Tenant  Multi-Tenant  Other (Specify):

What is the square footage of the building and/or your lease area? \_\_\_\_\_ square feet.

Previous use of this building or site: \_\_\_\_\_ Date business closed: \_\_\_\_\_

### Have any of the following items been, or plan to be done, prior to the expected opening date of your business:

1. Have any City building permits been applied for?  Yes  No

If yes, please list: \_\_\_\_\_

2. Will any partitions be added, moved, or removed?  Yes  No

3. Will there be any exterior additions, demolitions, or alterations?  Yes  No

4. Will any electrical systems be added, altered, deleted, or moved? (i.e., outlets, lights, switches, etc.)  Yes  No

5. Will any plumbing systems be added, altered, deleted, or moved? (i.e., water, gas, sewer, fixtures, etc.)  Yes  No

6. Will any mechanical systems be added, altered, deleted, or moved? (i.e., heating, air conditioning, fan, etc.)  Yes  No

\*Note: Interior painting, papering, and similar finish work do not require permits. Additional information in the form of a letter or plan review may be required to more clearly define the operation of your business.

### FOR OFFICE USE ONLY

Planning Review: \_\_\_\_\_ Date: \_\_\_\_\_ Zone: \_\_\_\_\_

Permitted  Conditional Use Permit Required  Nonconforming  Not Permitted  HOP required

Planning Approval: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Permit No.(if applicable): \_\_\_\_\_

Conditions/Remarks: \_\_\_\_\_

**FEE SCHEDULES FOR BUSINESSES---CLASSIFICATION TO BE DETERMINED BY LICENSE DIVISION.**

<p><b>DELIVERY ONLY</b> \$40</p> <p><b>GROCERY STORE/GAS STATION</b> \$40 for first \$25,000 plus \$.20 for each additional \$1,000 above \$25,000 MAXIMUM FEE \$1,250</p> <p><b>GAME MACHINES</b> are licensed separately at \$40 for first \$10,000 plus \$4 for each additional \$1,000 MAXIMUM FEE \$1,250</p>	<p><b>SALES(WHOLESALE:RETAIL) PROPERTY RENTAL/RESTAURANT</b> \$40 for first \$25,000 plus \$.30 for each additional \$1,000 MAXIMUM FEE \$1,250</p> <p><b>PERSONAL &amp; BUSINESS SERVICES</b> \$40 for first \$25,000 plus \$.40 for each additional \$1,000 above \$25,000 MAXIMUM FEE \$1,250</p>	<p align="center"><b>Estimate annual gross income</b> _____</p>																
<p><b>PROFESSIONAL/SEMI-PROFESSIONAL</b> \$50 for owner or first practicing professional, plus \$40 for each additional practicing professional plus \$10 for each employee or sales person assigned to Chino office.</p>	<p># OF PROFESSIONALS: _____</p> <p># OF EMPLOYEES: _____</p> <p># OF SALES PERSONS: _____</p>																	
<p><b>MANUFACTURING; WAREHOUSEING; ADMINISTRATIVE HEADQUARTERS</b></p> <table border="0"> <tr> <td>1 to 5 employees:</td> <td>\$40</td> <td>51 to 100 employees:</td> <td>\$250</td> </tr> <tr> <td>6 to 15 employees:</td> <td>\$60</td> <td>101 to 200 employees:</td> <td>\$350</td> </tr> <tr> <td>16 to 30 employees:</td> <td>\$110</td> <td>Each additional employee over 200:</td> <td>\$1.50</td> </tr> <tr> <td>31 to 50 employees:</td> <td>\$185</td> <td align="center" colspan="2"><b>MAXIMUM FEE \$700</b></td> </tr> </table>		1 to 5 employees:	\$40	51 to 100 employees:	\$250	6 to 15 employees:	\$60	101 to 200 employees:	\$350	16 to 30 employees:	\$110	Each additional employee over 200:	\$1.50	31 to 50 employees:	\$185	<b>MAXIMUM FEE \$700</b>		
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**Business license fees are due within 30 days of opening your business. However, you should check with the Planning Department regarding zoning before you move into your location. Renewal fees are due within 30 days of the license expiration date. Prompt renewal remains the responsibility of the business owner. At renewal time, proof of gross receipts or number of employees will be required, per Section 5.04 of the Chino Municipal Code. If your payment is late, add 10% of your license fee for each 30 days in arrears, to a maximum penalty of 100% of your license fee.**

\* Pursuant to Business and Professions Code § 16000.1(a)(1), the City is required to accept alternative forms of identification in place of a Social Security Number. Alternative forms of identification may include a California driver's license or identification number, an individual taxpayer identification number, or a municipal identification number.

\*\* Pursuant to Business and Professions Code § 16000.1(a)(2), the City must require an applicant to provide an address where the individual consents to receive service of process. An acceptable address for this purpose shall include a post office box or private mailbox that complies with paragraph (2) of subdivision (b) of Section 17538.5. This address shall be available for public inspection.

**AB 1379 EXTENDS INDEFINITELY SB 1186 CHAPTER 383, STATUTES OF 2012**

Senate Bill (SB) 1186 (Chapter 383, Statutes of 2012) created Government Code Section 4467. This statute was recently amended by Assembly Bill 1379 (Chapter 667, Statutes 2017). Among other things, this statute requires:

**January 1, 2018 through December 31, 2023, a four-dollar (\$4) additional fee is to be paid by any applicant for a local business**

**license**, permit or similar instrument when it is issued or renewed. If no such instrument exists, the fee is to be paid by an applicant for a building permit. The fee is divided between the local entity that collected the funds, which retains 90 percent, and DSA, which receives 10 percent.

On and after January 1, 2024, the fees and requirements remain in effect but the amount will reduce to one-dollar (\$1). The city, county, or city and county will retain 70 percent of the fees collected and submit 30 percent to DSA.

*The purpose of the fee is to increase disability access and compliance with construction-related accessibility requirements.*

For more information please go to:

[https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201720180AB1379](https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1379)

For any questions you may have, please contact the City of Chino Business License Division at 909-334-3263.