

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

Company Name: _____ 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 Community Development and to comply with the requirements of 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.)

Name:	Title:	Name:	Title:
Drivers Lic. #	Social Sec. #	Drivers Lic. #	Social Sec. #
Home Address (include city & zip)		Home Address (include city & zip)	
Phone:	FAX:	Phone:	FAX:

IS THIS A CORPORATION PARTNERSHIP SOLE OWNERSHIP (please check one)

CORPORATE INFORMATION (Please complete this section if you are a corporation, or if your corporate offices are located elsewhere).

Corporate name: _____ Federal Employer's ID: _____ State ID: _____
Address: _____

PLEASE DESCRIBE YOUR BUSINESS ACTIVITY IN DETAIL:

THIS BUSINESS IS: <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) _____ <input type="checkbox"/> 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 _____ Occupant load greater than 50? <input type="checkbox"/> Yes <input type="checkbox"/> No
State Board of Equalization # _____ Alarm Company name and address: _____	

FOR OFFICE USE ONLY

Zoning Compliance Date	PW Environmental Section	Fee Pd/Date	Rate Code
Community Dev. Dept. OK Date	StmWtr permit not required <input type="checkbox"/>	Method of pmt	Exp. Date
	StmWtr pmt #	Business license no.	Reviewed by
HOP required?	PW Env. OK	NAICS Code	Date

() Fire District () Planning () Economic Dev. () Police () Environmental Eng. () Building () Water Utility

TYPE OF BUSINESS

- | | |
|--|---|
| <input type="checkbox"/> Retail sales (products): _____ | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Wholesale distribution Only (products): _____ | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Combination: Wholesale _____% and Retail _____% | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Manufacturing/Fabrication (products): _____ | <input type="checkbox"/> Administrative Headquarters (sales office elsewhere) |
| <input type="checkbox"/> Trucking/Transportation | <input type="checkbox"/> Property rental (residential/commercial) |
| <input type="checkbox"/> Warehousing | <input type="checkbox"/> Entertainment/Amusement |
| <input type="checkbox"/> Import/Export (products): _____ | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> Non-profit organization | <input type="checkbox"/> Professional Services |
| <input type="checkbox"/> Other | |

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

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: _____

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

<p><u>DELIVERY ONLY</u> \$40</p> <p><u>GENERAL ENGINEERING CONTRACTORS, BUILDING CONTRACTORS & SPECIALTY CONTRACTORS</u> \$50</p> <p><u>GROCERY STORE/GAS STATION</u> \$40 for first \$25,000 plus \$.20 for each additional \$1,000 above \$25,000 MAXIMUM FEE \$1,250</p> <p><u>GAME MACHINES</u> are licensed separately at \$40 for first \$10,000 plus \$4 for each additional \$1,000 MAXIMUM FEE \$1,250</p>	<p><u>SALES(WHOLESALE:RETAIL) PROPERTY RENTAL/RESTAURANT</u> \$40 for first \$25,000 plus \$.30 for each additional \$1,000 above \$25,000 MAXIMUM FEE \$1,250</p> <p><u>PERSONAL & BUSINESS SERVICES</u> \$40 for first \$25,000 plus \$.40 for each additional \$1,000 above \$25,000 MAXIMUM FEE \$1,250</p>	<p>Estimate annual gross income _____</p>
<p><u>PROFESSIONAL/SEMI-PROFESSIONAL:</u> \$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: _____ # OF EMPLOYEES: _____ # OF SALES PERSONS: _____</p>

MANUFACTURING; WAREHOUSING; ADMINISTRATIVE HEADQUARTERS

<p>1 to 5 employees: \$40 6 to 15 employees: \$60 16 to 30 employees: \$110 31 to 50 employees: \$185</p>	<p>51 to 100 employees: \$250 101 to 200 employees: \$350 Each additional employee over 200: \$1.50 MAXIMUM FEE \$700</p>
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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.

SB 1186 Disability Access

On September 19, 2012 the Governor signed into law, SB 1186

This bill imposes, on or after January 1, 2013, and until December 31, 2018, an additional state fee of \$1.00 on any applicant for a local business license or equivalent instrument or permit, or renewal thereof, for purposes of increasing disability access and compliance with construction-related accessibility requirements and developing educational resources for businesses to facilitate compliance with federal and state disability laws, as specified.

For more information please go to:

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201120120SB1186&search_keywords=1186

As a result, your business license fee will have an additional \$1.00 added onto the total balance due. Please make sure to include this \$1.00, as we will not be able to issue and/or mail your business license certificate until the \$1.00 is collected.

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