



CITY OF FONTANA

8353 Sierra Avenue • Fontana, CA 92335 • (909) 350-7675 • Attn: Business License

• Please Check All That Apply •

BUSINESS CERTIFICATE APPLICATION

New Application	<input type="checkbox"/>
Change of Owner/Location	<input type="checkbox"/>
Altering Structure	<input type="checkbox"/>

Doing Business As _____

Business Name _____

Business Address _____
(P.O. Box NOT Allowed)

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

(I hereby consent to receive service of process at the address provided. I understand that additional documentation is required if this is a commercial mail receiving agency)

Business Phone () _____ Business Fax () _____

Email Address/Website _____

If business address is located within the City of Fontana please complete 1 thru 4

1. Previous use of building Yes No
2. Does use involve hazardous or highly flammable materials? Yes No
3. Do you operate more than one business at this location? Yes No
4. Are you currently property owner of business location? Yes No

Describe EXACT Nature of Business (Various Businesses require Police Clearance)

Ownership: Corporation Corp-Ltd Liability Sole Proprietor Partnership Trust

Resale/Sellers No. _____ Federal I.D. No. _____ State I.D. No. _____

Contractors State License No. _____ License Type _____ Expiration Date _____

OFFICIAL USE ONLY	
BUSINESS CERTIFICATE NO	_____
EXPIRATION DATE	_____
TOTAL PAID \$	_____ <input type="checkbox"/> CASH <input type="checkbox"/> CHECK
CITY CODE	_____
SIC CODE	_____
ISSUING CLERK	_____
REVIEWD/APPROVED BY: Initial/Date	
Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Police	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Building	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Environmental	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Health	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No _____/_____/_____

Enter below names of Owners, Partners, or Corporate Officers (if applicable, please provide a copy of Articles of Incorporation)

Your social security number will be used exclusively for tax enforcement purposes.

Owner Name _____ Title _____ Phone () _____

Home Address _____ Birthdate _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Birthdate _____

City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN

NOTICE: 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

NOTICE	
Business certificates are issued pending the approval of any or all of the above named Regulatory Departments. Preliminary filing of this application does not constitute evidence that the above described business has met the requirements of the Fontana City Code or Regulatory Agencies of the City of Fontana.	Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest California Tax and Fee Administration Office, or call for additional information to: 1-800-400-7115

Estimated Gross Receipts For Next 12 Months \$ _____

No. of Employees Rate Schedule

Business Tax Fee Due \$ _____

Application Fee \$ 35.00

State CASp Fee \$ 4.00

Balance Due \$ _____

I declare under penalty of perjury that this application and any attachments thereto, have been examined by me, and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Signature _____

Title _____ Date _____

Home Based Business Yes No
If yes, mail and phone location only.

FOR HOME BASED BUSINESSES, THERE IS TO BE NO STORAGE, SIGNS, EMPLOYEES, IN/OUT TRAFFIC, LARGE VEHICLES. PLEASE INITIAL THAT YOU HAVE READ: _____

Tax Rate Schedule (Gross Receipts)

The following tax rates shall be applicable to every business declared to be subject to a tax based upon gross receipts, and such taxes shall be subject to annual review and adjustment by council action.

TAX RATE SCHEDULE A

If Gross Receipts Are:	The Tax Is:
Under \$50,000.00	\$50.00
Over \$50,000.00	\$50.00 plus \$0.25 for each thousand dollars or fraction thereof over \$50,000

TAX RATE SCHEDULE D

If Gross Receipts Are:	The Tax Is:
Under \$50,000.00	\$100.00
Over \$50,000.00	\$100.00 plus \$1.00 for each thousand dollars or fraction thereof over \$50,000

TAX RATE SCHEDULE B

If Gross Receipts Are:	The Tax Is:
Under \$25,000.00	\$25.00
Over \$25,000.00	\$25.00 plus \$0.30 for each thousand dollars or fraction thereof over \$25,000

TAX RATE SCHEDULE E

If Gross Receipts Are:	The Tax Is:
Under \$25,000.00	\$50.00
Over \$25,000.00	\$50.00 plus \$1.00 for each thousand dollars or fraction thereof over \$25,000

TAX RATE SCHEDULE C

If Gross Receipts Are:	The Tax Is:
Under \$100,000.00	\$75.00
Over \$100,000.00	\$75.00 plus \$0.75 for each thousand dollars or fraction thereof over \$100,000

TAX RATE SCHEDULE F

If Gross Receipts Are:	The Tax Is:
Under \$25,000.00	\$25.00
Over \$25,000.00	\$25.00 plus \$1.00 for each thousand dollars or fraction thereof over \$25,000

CONTRACTORS LICENSE DECLARATION

Section 1. Section 7033. Every city or city and county which require the Issuance of a business license as condition precedent to engaging within the city or city and county, in a business which is subject to regulation under this chapter, shall require that each licensee and applicant for issuance or renewal of such license shall file, or have on file, with such city or city and county, a signed statement that such licensee or applicant is licensed under the provisions of this chapter, and stating that the license is in full force and effect, or if such licensee or applicant is except from the provisions of this chapter, he shall furnish proof of the facts which entitle him to such exemption.

This is to certify that the undersigned is licensed under the Business and Professions Code of California as a Contractor and that such license is in full force and effect.

Date _____ Signature _____ Title _____

This is to certify that the undersigned claims exemption from the provisions of Section 7000 ET.SEQ. of the Business and Professions Code, in that I propose not to furnish labor and/or materials on any project, the value of which (aggregate labor and materials) is over \$499.99.

Date _____ Signature _____ Title _____

WORKERS' COMPENSATION DECLARATION

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATION:

I have and will maintain a certificate of consent to self-insure for workers compensation, as provided by Section 370, for the duration of any business activities conducted for which this license is issued.

I have and will maintain workers' compensation insurance, as required by Section 3700, for the duration of any business Activities for which this license is issued. My workers' compensation insurance carrier and policy number are:

Carrier _____ Policy Number _____

I certify that in the performance of any business activities for which this license is issued I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

Date _____ Applicant _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEYS FEES.

To do business with the City of Fontana please register your business/company at:

www.fontanapurchasing.org



FONTANA
CALIFORNIA

BUSINESS QUESTIONNAIRE

Business Name: _____ Building/Unit Size (in sq-ft): _____

Business Address (include unit or suite #): _____

Contact Name: _____ Phone: _____

E-Mail: _____ Fax: _____

Please provide a description of the proposed Business: _____

Please answer each of the questions listed below. Fully describe/explain all “yes” answers on a separate sheet.

Yes No

- 1. Was the business property annexed within the last five years?
- 2. Was a San Bernardino County land use entitlement approved on this property? If yes, what year was the entitlement approved?
- 3. Will the business operation include any work, use or storage conducted outside of a wholly enclosed building? (plng)
If yes, what?
- 4. Will the business include any type of adult entertainment? (plng, ce)
- 5. Will the business be discharging any waste other than domestic waste to the sewer system? (eng, env)
- 6. Will the business operation include the use or storage of any compressed gases, or arc welding or cutting? (bldg, fd, env)
- 7. Will the business operation include any processing, handling, storage or discharge of chemicals, including hazardous materials and/or waste? (fd, eng, env)
- 8. Will the business be a child day care? (fd, eng, env)
- 9. Will the business operation include the storage and/or use of any flammable liquid or combustible liquid of any type? (fd, env)
- 10. Will the business operation include the use, generation, processing, production, treatment, storage, emission or discharge of hazardous materials in quantities totaling more than 55 gallons of liquid or 500 lbs. of solids, or 200 cubic feet of a compressed gas, whether indoors or out? (fd, plng, env)
- 11. Will the business operation include spray painting, powder coating, spraying booths or dip tanks? (fd, plng, eng, env)
- 12. Will the business operation include producing combustible dust or fibers? (bldg, fd)
- 13. Will the business operation include the use of storage racks; and/or the indoor storage of materials exceeding 12 feet in height; and/or tire, plastic or flammable liquid storage over 6 feet in height? (fd, bldg)
- 14. Will the business operation include the repair or maintenance of any motor vehicles (trucks, recreational vehicles, trailers, construction equipment, etc)? If yes, will vehicles be stored indoors? Yes No (bldg, fd, plng, eng)
- 15. Will the business operation include the washing of any equipment or vehicles? (eng, env)

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Will the building be used for education, entertainment, instruction, worship or dining for more than 50 occupants? (fd, plng, bldg) |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Will the business operation include selling or serving alcoholic beverages? (plng, pd)
If yes, what type of ABC license? _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Will the business have an outdoor patio where alcoholic beverages are served? (plng, pd) |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Will the business operation include the preparation of food or beverages? Will there be cooking that creates grease laden vapors and requires a kitchen hood and extinguishing system? (bldg, eng, env, fd, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Will the business operation include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, etc.), dancing or other? What is the size of the dance floor in square feet? _____
(plng, pd) |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Will the business operation include arcade machines or other amusement devices, such as pool tables or computers? If yes, how many total? _____ (pd, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Will there be any placement of new machinery, equipment or storage units outdoors or on the roof?
(bldg, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Will the business operation include discharging any waste, wastewater or rinse water to the ground, street, or storm drain? (eng, env) |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Is the on-site sewer system equipped with a clarifier or grease trap? If so, what size? _____
(bldg, eng, env) |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Has a Water Quality Management Plan been prepared for this property? (eng, env) |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Does the business currently have, or will the business be installing, a security alarm system? (pd) |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Are you aware of any Municipal Code violations on the property that have not been resolved? (ce, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Will the business be sharing space with another business? (fd, eng, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Will this business be providing dry cleaning services? (fd, eng, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Have you done or will you be doing any building construction or alterations, or equipment installations related to the operation of the business? (fd, bldg, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Will there be any improvements made to the property, e.g. exterior building modifications, parking lot, fencing, paving, etc. (bldg, plng) |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Will the business provide medical care or be licensed by OSHPD? If yes, what type of clinic?
<input type="checkbox"/> Primary Care <input type="checkbox"/> Specialty <input type="checkbox"/> Psychology <input type="checkbox"/> Nursing Home (bldg, env, pln) |

I hereby certify and say, under penalty of perjury, that I am the applicant and/or authorized representative in the foregoing application, that I have read this Business Questionnaire and know the content thereof, and that the herein stated information and all attachments hereto, are true and correct to the best of my knowledge and belief. I further acknowledge that failure to complete this questionnaire will result in processing delays and may render the City unable to process my request or issue the requested business tax certification.

Signature: _____ Date: _____

Print Name: _____ Title: _____

OFFICE USE ONLY

Land Use: _____ Previous Use: _____

Engineering Department approval required? Yes No If yes, Signature: _____ Date: _____

Applicable Storm Water Information packet given to business representative: Yes No

Police Department approval required? Yes No If yes, Signature: _____ Date: _____

Comments/Conditions

Original to: License Copies to: Bldg Eng Env Fire Pln Police