



# CITY OF HIGHLAND

## COMMERCIAL BUSINESS LICENSE APPLICATION

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_____ <b>APPLICATION FEE</b>	<b>FEE: \$225.00</b>
_____ <b>BUILDING PERMIT/CERTIFICATE OF OCCUPANCY</b>	<b>FEE: \$145.00</b>
_____ <b>FIRE PERMIT</b>	<b>FEE: \$145.00</b>
_____ <b>SB 1186</b>	<b>FEE: \$1.00</b>
	<b>TOTAL: \$ 516.00</b>

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To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 2-3 weeks to process this application, once all information is received.

- \_\_\_\_\_ Copy of Lease Agreement or Escrow Papers
- \_\_\_\_\_ Copy of ABC License (951) 782-4400 or [www.ABC.ca.gov](http://www.ABC.ca.gov)
- \_\_\_\_\_ Copy of BAR License (800) 952-5210 or [www.smogcheck.ca.gov](http://www.smogcheck.ca.gov)
- \_\_\_\_\_ Copy of AQMD License (800) 888-8838 or (909) 396-2900
- \_\_\_\_\_ Copy of Resale or Wholesale permit (800) 400-7115 or [www.boe.ca.gov](http://www.boe.ca.gov)
- \_\_\_\_\_ Copy of Health Permit (909) 387-6280
- \_\_\_\_\_ Copy of Tobacco License (951) 782-4400 or [www.abc.ca.gov](http://www.abc.ca.gov)
- \_\_\_\_\_ Copy of Electronic/Appliance Repair License (919) 574-2069 or [www.bear.ca.gov](http://www.bear.ca.gov)
- \_\_\_\_\_ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino
- \_\_\_\_\_ Other: \_\_\_\_\_



# 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	<b>FEE: \$225.00</b>
_____ BUILDING PERMIT/CERTIFICATE OF OCCUPANCY	<b>FEE: \$145.00</b>
_____ FIRE PERMIT	<b>FEE: \$145.00</b>
_____ SB 1186	<b>FEE: \$1.00</b>
<b>TOTAL FEES: \$516.00</b>	

Please provide copies of the following documentation:

_____ Fictitious Business Name	_____ BAR ARD License
_____ Seller's Permit	_____ Health Permit
_____ Federal Tax ID/EIN #	_____ Other Lic: _____

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

Type of Business: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corp  
 \_\_\_\_\_ LLC \_\_\_\_\_ Charitable \_\_\_\_\_ Other

Type of business being conducted: \_\_\_\_\_

### Owner or Principal Officers:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ CA Driver's License \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ CA Driver's License \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ ARD License #: \_\_\_\_\_  
 Seller's Permit #: \_\_\_\_\_ Health Permit #: \_\_\_\_\_  
 Other license: \_\_\_\_\_ # of employees: \_\_\_\_\_

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

( ) X	_____	X	_____
Zoning	Planning Approval	Date	Code Enforcement Approval
X	_____	_____	Date
BP#	Building & Safety Approval	Date	Fire Inspector Approval
	_____	_____	Date

# Building & Safety/Planning/Code Requirements

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In order to avoid a delay in processing your application, please provide **all applicable** information, and type or print clearly.

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## Certificate of Occupancy & Fire Permits

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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

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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

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New commercial applicants must submit a Staff Review application to the Planning Department. Please contact the Planning Department at (909) 864-6861 x 258.

## SB 1186- \$1 Certified Access Specialist Program Fee on Business License Applications and Renewals

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“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](http://www.dgs.ca.gov/dsa/Home.aspx).

The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)

The California Commission on Disability Access at [www.cdda.ca.gov](http://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: \_\_\_\_\_



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.

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Name of Business

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Print Name of Business Owner

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Signature of Business Owner

Workers' Compensation Fraud Unit, 412 W. Hospitality Lane, 3<sup>rd</sup> Floor, San Bernardino, CA 92415-0023, (909) 891-3523, Fax (909) 891-3540



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**Office of the District Attorney**

**MICHAEL A. RAMOS**

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

Fecha de la Inspección

Tuesday, December 16, 2014

**California Labor Code § 3700. Garantizando el pago de Compensación**

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Cada empleado excepto el estado debe asegurar el pago de compensación en uno o mas de las maneras siguientes:

- (a) Estar asegurado contra la responsabilidad de pagar compensación por uno o más aseguradores debidamente autorizado para suscribir seguros de compensación en este estado.
  
- (b) Asegurando de el Director de Relaciones Laborales un certificado de consentimiento de autoasegurarse como un empleado individual, o como un empleado en un grupo de empleadores, que podrá citarse en una prueba satisfactorio a el Director de Relaciones Laborales de la capacidad de auto-asegurarse y pagar la compensación que pudiera llegar a ser causa de sus empleados.

**California Labor Code § 3711. Declaración del empleador que indique el nombre de la aseguradora o el cumplimiento requerido para asegurar compensación**

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El director, un investigador para el Departamento de la Oficina de Fraude de Seguros o el sucesor, o un **Investigador de la oficina Distrito Fiscal asignado a investigar fraude de compensación de trabajadores pueda, a cualquier momento, exigir que un empleado proporcione una declaración escrita mostrando el nombre de su compañía de seguros o la manera en que el empleador ha cumplido con Section 3700.** Fracaso del empleador por un plazo de 10 días para presentar la declaración por escrito es evidencia prima facie de que él o ella ha fallado o descuidado en respecto sobre los asuntos del modo requerido. El período de 10 días no sera interpretado para permitir un empleador no asegurado, encontrado por el director, cualquier tiempo de extensión de la aplicación de la provisión de Sección 3710.1. Un empleador asegurado que falte de responder a una investigación en respecto de su posición en asegurando compensación de trabajadores deberán ser evaluados y obligados a pagar una multa de quinientos dolares (\$500) al director para ser depositados en las arcas del Estado en el fondo de Empleadores No Asegurados. En cualquier enjuiciamiento de este artículo, la carga de la prueba está sobre el acusado para mostrar que él o ella ha asegurado el pago de compensación en una de las dos modalidades indicadas in Sección 3700.

\_\_\_\_\_  
Nombre de la Empresa

\_\_\_\_\_  
Letra de Molde del Propietario de la Empresa

\_\_\_\_\_  
Firma del Propietario de la Empresa