



# CITY OF RANCHO CUCAMONGA

10500 Civic Center Drive • Rancho Cucamonga, CA 91730

Tel: (909) 919-2948 • Fax: (909) 919-2959

www.CityofRC.us

## BUSINESS LICENSE APPLICATION

(Please print or type clearly, using ink)

<b>AFFIDAVIT - CONFIDENTIAL</b> (NOTE: Incomplete applications will not be processed. Post Office boxes or Postal Contract Stations will not be accepted for Business or Residential Addresses. <b>ALL BUSINESSES LOCATED WITHIN CITY LIMITS MUST APPLY IN PERSON AT CITY HALL.</b> )	<b>Start Date:</b> _____
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Business Name (DBA): _____ Business Name #2: _____ <i>(If different)</i> Business Location: _____ <i>(Not P.O. Box)</i> City: _____ State: _____ Zip: _____ Business Phone: ( ) - _____ Business Fax: ( ) - _____ Mailing Address: _____ <i>(If different)</i> City: _____ State: _____ Zip: _____ Business Email Address: _____	<b>• OFFICIAL USE ONLY •</b> BUSINESS LICENSE NO.: _____ RECEIPT NO.: _____ PAYMENT DATE: _____ BATCH NO.: _____ DATE ENTERED: _____ DATE RECEIVED: _____ RECEIVED BY: _____
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**Please Note:** It shall be unlawful for any packaging supplier in the City of Rancho Cucamonga to store, sell or provide Chloro Fluoro Carbons processed packaging within the City of Rancho Cucamonga. Granting of this license does not authorize the holder to violate or cause violation of any existing Covenants, Conditions and Restrictions.

<b>Type of Business</b> <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Contractor/Developer <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Manufacturing <input type="checkbox"/> Administrative Headquarters <i>(Select one only)</i> <input type="checkbox"/> Warehouse <input type="checkbox"/> Delivery Vehicle With No Fixed Place of Business in the City <input type="checkbox"/> Property Rental/Commercial or Residential <input type="checkbox"/> Entertainment/Amusements <input type="checkbox"/> Non-Profit Organization	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #cccccc;">ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX</th> </tr> <tr> <td style="width:60%;">Contractor's State License No.:</td> <td>_____ Class: _____</td> </tr> <tr> <td>Project Name:</td> <td>_____</td> </tr> <tr> <td>Project Location:</td> <td>_____</td> </tr> <tr> <td>Total Contract Amount:</td> <td>_____</td> </tr> <tr> <td>General Contractor:</td> <td>_____ SUB LIST REQUIRED</td> </tr> </table>	ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX		Contractor's State License No.:	_____ Class: _____	Project Name:	_____	Project Location:	_____	Total Contract Amount:	_____	General Contractor:	_____ SUB LIST REQUIRED
ALL CONTRACTORS/SUB-CONTRACTORS MUST COMPLETE BOX													
Contractor's State License No.:	_____ Class: _____												
Project Name:	_____												
Project Location:	_____												
Total Contract Amount:	_____												
General Contractor:	_____ SUB LIST REQUIRED												
Description of Business: _____ _____ _____ State License No.: _____ Seller's Permit No.: _____ FEIN: _____ No. of Employees: _____													

**PERSONAL INFORMATION:** Enter below names of Owners, Partners or Corporate Officers. Use Additional Sheets as necessary.

<b>Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Ltd Liability Partnership	
Owner Name: _____ Title: _____ Phone: ( ) - _____ Home Address: _____ Social Security No.: _____ City: _____ State: _____ Zip: _____ Driver's License No.: _____	Owner Name: _____ Title: _____ Phone: ( ) - _____ Home Address: _____ Social Security No.: _____ City: _____ State: _____ Zip: _____ Driver's License No.: _____

**BUSINESS OWNER DECLARATION (MUST BE COMPLETED)**

Acceptance of payment does not constitute approval of Business License. Authorization to conduct business is not granted until license is issued. I declare, under penalty of perjury that this application is true and correct to the best of my knowledge and belief. I understand and agree that the granting of this Business License requires my compliance with all applicable City of Rancho Cucamonga Municipal Code provisions, state, local, federal laws, and all conditions set forth above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Business Owner or Agent)*

Name (type or print): \_\_\_\_\_

**PROPERTY OWNER DECLARATION (MUST BE COMPLETED)**

I declare that,  I am the owner,  I legally represent the owner, of real property involved in this application and do hereby consent to the filing of this Business License application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Property Owner or Legal Representative)*

Name (type or print): \_\_\_\_\_

<b>• OFFICIAL USE ONLY •</b>									
<b>Planning Department Approval:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____ Conditions: _____ Reasons: _____ <b>Fire Safety Approval:</b> _____									
Enter the amount from Box 8 on reverse of this form	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">\$</td> <td style="width:40%;"></td> </tr> <tr> <td>Penalty: 50% (if applicable)</td> <td>\$</td> </tr> <tr> <td>SB 1186 State Fee</td> <td>\$ 1.00</td> </tr> <tr> <td><b>TOTAL AMOUNT DUE</b></td> <td><b>\$</b></td> </tr> </table>	\$		Penalty: 50% (if applicable)	\$	SB 1186 State Fee	\$ 1.00	<b>TOTAL AMOUNT DUE</b>	<b>\$</b>
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SB 1186 State Fee	\$ 1.00								
<b>TOTAL AMOUNT DUE</b>	<b>\$</b>								
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 <a href="http://www.dgs.ca.gov/dsa/Home.aspx">www.dgs.ca.gov/dsa/Home.aspx</a> , The Department of Rehabilitation at <a href="http://www.rehab.cahwnet.gov">www.rehab.cahwnet.gov</a> , The California Commission on Disability Access at <a href="http://www.ccca.ca.gov">www.ccca.ca.gov</a> .									
Please make check payable to: <b>City of Rancho Cucamonga</b>									
Total Amount Received: \$ _____ REFUND/BILLED: \$ _____									

**BUSINESS LICENSE APPLICATION - SCHEDULE OF LICENSE TAX**

The payment is based on your estimated gross receipts (or payroll) for a 12-month period. This amount will be adjusted at renewal time when you report your actual gross receipts.

Box 1: Enter your estimated gross receipts for a 12-month period commencing with the first day of business. \$  (1)

\* Find your business type on the table below and check the box that corresponds with the amount in Box 1.

Box 2: Enter the amount from Column A of the same line on the table your selected.  (2)

Box 3: Subtract Line 2 from Line 1.  (3)

Box 4: Enter the amount from column B of the same Line.  (4)

Box 5: Multiply Line 3 by Line 4.  (5)

Box 6: Enter the amount in Column C of that same Line.  (6)

Box 7: Add Line 5 and Line 6.  (7)

Box 8: **TOTAL AMOUNT DUE** \$  (8)

**1. RETAIL, WHOLESALE, MISCELLANEOUS - GROSS RECEIPTS**

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 25,000	0	0	\$ 23.00
<input type="checkbox"/> \$ 25,001 to \$100,000	25,000	.0006	\$ 23.00
<input type="checkbox"/> \$100,001 to \$500,000	100,000	.0003	\$ 68.00
<input type="checkbox"/> \$500,001 and over	500,000	.00015	\$188.00

**2. CONTRACTORS, OWNER/BUILDER, SERVICES, PROPERTY RENTALS - GROSS RECEIPTS**

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 100,000	0	.0009	\$ 20.00
<input type="checkbox"/> \$100,001 to \$750,000	100,000	.0004	\$110.00
<input type="checkbox"/> \$750,001 and over	750,000	.00025	\$370.00

**3. PROFESSIONAL AND SEMI-PROFESSIONAL - GROSS RECEIPTS**

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 25,000	0	0	\$ 23.00
<input type="checkbox"/> \$ 25,001 to \$100,000	25,000	.0012	\$ 23.00
<input type="checkbox"/> \$100,001 to \$500,000	100,000	.0005	\$113.00
<input type="checkbox"/> \$500,001 and over	500,000	.0002	\$313.00

**4. MANUFACTURING, ADMINISTRATIVE HEADQUARTERS, WAREHOUSING - GROSS PAYROLL**

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 100,000	0	.0006	\$ 20.00
<input type="checkbox"/> \$100,001 to \$1,000,000	100,000	.00025	\$ 80.00
<input type="checkbox"/> \$1,000,001 and over	1,000,000	.0001	\$305.00
			Maximum Due \$1,000.00

**5. DELIVERY VEHICLES - GROSS INVOICES/RECEIPTS IN RANCHO CUCAMONGA**

	A	B	C
<input type="checkbox"/> \$ 0 to \$ 10,000	0	0	\$ 36.00
<input type="checkbox"/> \$ 10,001 and over	10,000	.0006	\$ 36.00

**6. ENTERTAINMENT AND AMUSEMENT - GROSS RECEIPTS**

	A	B	C
<input type="checkbox"/> \$ 0 to \$100,000	0	.0018	\$ 20.00
<input type="checkbox"/> \$100,001 and over	100,000	.001	\$200.00



# HOME OCCUPATION PERMIT Application

## GENERAL INFORMATION

\_\_\_\_\_  
Name of Proposed Business

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Property Owner's Name

\_\_\_\_\_  
Property Owner's Signature

Property owner's signature is required if different from applicant's name, or a signed statement from the owner approving such use of the dwelling must be submitted with this application.

## BUSINESS ACTIVITY DESCRIPTION

Provide a detailed description of the business and its operation. Examples of information are: What part of dwelling (in square footage) is being used? What business equipment is used? What size of vehicle, if one is used? Where is it stored? Do you have deliveries to home, how many times a week? Have you set up a P.O. Box for business mail and what is its location? Where do you store your material? **BE SPECIFIC** (Example: Office for mail order kitchen utensils. One bedroom, 100 square feet. Only use phone, fax, or computer. Two times per week deliveries. P.O. Box is at "ABC Mail Plus" in "XYZ Shopping Center." No commercial size vehicle other than personal car. Materials stored in bedroom.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## APPLICANT'S ACKNOWLEDGMENT

I hereby certify that I have read the Home Occupation Permit requirements on the back of this application, fully understand the implications, and can comply with all of these requirements. I declare under penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete statement of facts.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

## ACTION

APPROVED BY: \_\_\_\_\_  DENIED BY: \_\_\_\_\_

<b>File Number:</b>	<b>Date:</b>	<b>Received By:</b>	<b>Receipt No.:</b>	Acct# for Planning Dept fee: 10010004508	<b>Fee:</b> <b>\$</b>
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## DEFINITION AND STANDARDS

A Home Occupation is the conduct of a business within a dwelling unit or residential site, employing occupants of the dwelling, with the business activity being subordinate to the residential use of the property. Examples include, but are not limited to, accountants and financial advisors, architects, artists, attorneys, offices for construction businesses (no equipment or material storage), and real estate sales. All home occupations shall comply with the following development standards:

1. **Incidental Use by Nature.** The use of the dwelling as a home occupation shall be clearly incidental and subordinate to its use for residential purposes by its inhabitants. Not more than fifteen percent (15%) of the total square footage for the dwelling or one room of the dwelling, whichever is less, shall be used for the home occupation.
2. **Employees.** No persons, other than members of the family who reside on the premises, shall be engaged in the home occupation activity. Off-site employees or partners are not permitted.
3. **Exterior Appearance.** There shall be no change in the outward appearance of the building or premises, or other visible evidence of the activity.
4. **Sales.** There shall be no sales of products on the premises, except produce (fruit or vegetables) grown on the subject property. Off-site sales, including electronic and mail order commerce, is permitted, consistent with the other standards of this Chapter.
5. **Visitors and Customers.** The use shall not allow customers or clientele to visit dwellings unless this activity is approved by the Planning Director as part of a Home Occupation Permit and is determined to fit within the residential character of the area (e.g., piano lessons).
6. **Operation Standards.** No equipment or processes shall be used on the subject property that creates noise, smoke, glare, fumes, odor, vibration, electrical, radio, or television interference disruptive to surrounding properties.
7. **Accessory Structures.** No home occupation shall be conducted in an accessory building. Normal use of the garage may be permitted if such use does not obstruct required parking. The use shall not involve storage of materials or supplies in an accessory building or outside any structures.
8. **Deliveries.** Deliveries shall not exceed those normally and reasonably occurring for a residence. Deliveries of materials for the home occupation shall not involve the use of commercial vehicles, except for Fed Ex, UPS, or USPS-type home pickups and deliveries. Off-site deliveries, such as to a post office box, are preferred.
9. **Signs.** No signs shall be displayed in conjunction with the home occupation and there shall be no advertising using the home address.
10. **Commercial Vehicles.** No person shall park or store more than one commercial vehicle or any commercial vehicle over 10,000 pounds licensed gross vehicle weight per dwelling unit.

## CONDITIONS

1. The Home Occupation Permit is not valid if a City Business License is not obtained or renewed, and the fee has not been paid.
2. A change of residence in the City or a change in the type of business requires a new Home Occupation Permit.
3. The addition of other types of businesses in the same home requires additional Home Occupation Permits.
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_