



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 (909) 364-2740 Fax (909) 364-2795
 www.chinohills.org

CITY USE ONLY			
Building Approval:			
Planning Approval:			
OCC Group:		OCC Load:	

CERTIFICATE OF OCCUPANCY (NO TENANT IMPROVEMENTS PLANNED)

This application is required for starting a new business, moving a business,
 or changing ownership of an existing business.

Application Date: _____

PROPOSED BUSINESS INFORMATION

Business Name: _____

Business Address (Location): _____

Business Description: _____

Owner's Name: _____ Phone: _____

Total Number of Employees: _____ Total Per Shift: _____

Total Square Feet of Space: _____

1. Is the business being relocated from another location in Chino Hills? Yes No

IF YES: Previous Business Address: _____

Is previous location being vacated? Yes No

2. Is proposed business expanding into another suite? Yes No

IF YES: What was previous suite number? _____ What is new suite number? _____

3. Will the business involve food preparation? Yes No

IF YES: Describe Method(s) of Food Preparation (i.e., fry, bake, grill, etc.) _____

Take-out Only? Yes No Dine-in and Take-out? Yes No

Will waiter/waitress service be provided? Yes No

4. If this is a medical use, provide exact description and type of service provided: _____

IF YES: Will x-ray equipment be used? Yes No

Will patients be at any time incapable of unassisted self-preservation? Yes No

Will patients have mobility impairments? Yes No

5. Will the business involve the sale of alcoholic beverages? Yes No

IF YES: On-site consumption? Yes No

6. Is entry to the business restricted to persons 21 years of age and over? Yes No

7. Will the business involve the sale or service of automobile or automotive products? Yes No

8. Is this the only business within this lease area/suite? Yes No

IF NO: Please provide names of other businesses located within this lease area/suite: _____

I hereby agree that the operation of this business will not violate any provision of the Chino Hills Municipal Code, or any other City Ordinance, nor any State of California law or any Federal law. I hereby understand and agree that if at any time this business violates any City Ordinance and/or Code or any State of California law or Federal law that it will cease operation until such time that any violation has been addressed to the satisfaction of the City, State, and/or Federal Government.

Signature _____

Print Name _____

Date _____

Applications and fees are subject to change. Please visit our website for the most current version of this application.

A Certificate of Occupancy will be required before you can occupy your business space and open for business. Your Certificate of Occupancy must be approved by the Planning Division and the Building and Safety Division. If you are the first occupant in a new building, utilities will not be released until a Certificate of Occupancy is issued. In addition, you will need to obtain a Certificate of Occupancy prior to applying for a Business License.

SUBMITTAL REQUIREMENTS:

NOTICE OF INTENT (Page 1)

Explain the exact nature of the proposed business. Provide total square footage of all areas.

COMPLETED BUSINESS LICENSE APPLICATION (Page 3 & 4)

FLOOR PLAN

All applications require a floor plan to be submitted even if it is only a change of ownership. Provide two (2) copies of the floor plan of all leased or owned areas. Plans must be to a standardized scale (1/8-inch per foot recommended) and include all walls, partitions, counters, shelves, displays, equipment etc. Indicate height of all shelving. Show all door locations, width and direction of swing, Show restroom facilities and all fixtures within. Show/indicate the height of all components that must meet accessibility requirements (i.e. fixed customer service counters, dining/bar counters, plumbing fixtures). If alterations, changes or construction is planned, tenant improvement plans must be submitted to Building & Safety and Fire department for plan check.

SITE PLAN

Provide two (2) copies of a site plan showing location of proposed business within shopping center. Show location of proposed business within shopping center.

OTHER AGENCIES

Depending on the type of business proposed the Community Development Department may be required to refer an applicant to other agencies for approval prior to issuance of a Certificate of Occupancy. Upon receipt of the above the Building Division will schedule an inspector to visit the site and review your application. When all agency approvals are received a Certificate of Occupancy will be issued.



Business License Division
 14000 City Center Drive, Chino Hills, CA 91709
 (909) 740-3187
 Email: communitydevelopment@chinohills.org

OFFICIAL USE ONLY	
Date Received:	
Staff:	
Zoning Review:	<input type="checkbox"/> Use Permitted <input type="checkbox"/> N/A
Fee:	
<input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check #	

BUSINESS LICENSE APPLICATION

ALL FIELDS ARE REQUIRED TO BE FILLED IN

- New Business**
 Business Name Change Only (No Ownership Change)
 New Ownership or New Address (Process as New License & Close Acct #)

BUSINESS INFORMATION (Please Type or Print Legibly)

Business Name (dba): _____
 Corporate/LLC Name (if applicable): _____
 Physical Location: _____
 Mailing Address: _____
 Phone #: _____ Website: _____
 # of Employees & Owners: _____ Operating Date: _____

DETAILED BUSINESS DESCRIPTION

Staff Use Only: Permit #: _____

Description: _____

OWNER(S)/OFFICER INFORMATION (Attach additional sheets if necessary)

Name: _____ Title: _____
 Address: _____
 Phone: _____ Email: _____
 Name: _____ Title: _____
 Address: _____
 Phone: _____ Email: _____

QUESTIONNAIRE

Is this business conducted from your home in the City of Chino Hills? Yes No

If Yes, a Home Occupation Permit is required.

If you answered **NO** to the previous question, where is the business located?

Within the City of Chino Hills Outside the City of Chino Hills

Are you a general contractor or sub-contractor? Yes No

If Yes, Type: _____ License #: _____ Expiration: _____

Are you an honorably discharged veteran selling tangible goods? Yes No

If yes, complete a Claim for Veterans Exemption from Business License Fees (<https://www.chinohills.org/documentcenter/view/15741>)

Is this business non-profit (501(c)3)? Yes No *If Yes, please provide proof.*

CERTIFICATION (* Contact information required for the person completing the application)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT. I AGREE TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS PERTAINING TO BUSINESS OPERATIONS AND THE CITY OF CHINO HILLS AND CHINO VALLEY FIRE DISTRICT CODES AND REGULATIONS.

Name (Print): _____ Signature: _____

*Phone: _____ *Email: _____

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 from the following agencies: Division of the State Architect, Department of Rehabilitation, or The California Commission on Disability Access.