



Community Development Department  
 Business License Division  
 14000 City Center Drive, Chino Hills, CA 91709  
 (909) 364-2740 / Email: [communitydevelopment@chinohills.org](mailto:communitydevelopment@chinohills.org)

## BUSINESS LICENSE APPLICATION

- New Business**                       **Renewal (In City Businesses ONLY)** (Acct #: \_\_\_\_\_ )
- Business Name Change Only** (No Ownership Change) (Acct # \_\_\_\_\_ )
- New Ownership or New Address** (Process as New License & Close Acct # \_\_\_\_\_ )
- Home Occupation Permit Number** \_\_\_\_\_ (City Staff Use Only)

### BUSINESS INFORMATION **Please Type or Print Legibly**

Business Name (dba): \_\_\_\_\_ SIC Code\*: \_\_\_\_\_

Corporation    LLC    LLP    Sole Proprietorship    LP (Limited Partnership)    GP (General Partnership)

Corporation Name (if applicable): \_\_\_\_\_

Physical Address:  
 (include city, state, zip code) \_\_\_\_\_

Mailing Address:  
 (if different from above) \_\_\_\_\_

Phone #: \_\_\_\_\_ Website: \_\_\_\_\_

# of Employees & Owners: \_\_\_\_\_ Operating Date: \_\_\_\_\_

Detailed Business Description: \_\_\_\_\_

\*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>.

### PROPERTY OWNER INFORMATION - In City & Home Occupation Businesses ONLY

Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

### PROPERTY MANAGEMENT INFORMATION - In City & Home Occupation Businesses ONLY

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### QUESTIONNAIRE – ALL APPLICANTS

- 1)  Yes    No   **Is this business conducted from your home in Chino Hills?**  
*If Yes, a [Home Occupation Permit](#) is required per CHMC § 16.56.*
- 2)  Yes    N/A   **Do you hold a professional license (i.e.: contractor, cosmetologist, real estate, etc)?**  
*If Yes, Type: \_\_\_\_\_ License #: \_\_\_\_\_ Expiration: \_\_\_\_\_*
- 3)  Yes    No   **Are you an honorably discharged veteran selling tangible goods?**  
*If Yes, complete a [Claim for Veterans Exemption from Business License Fees](#) form.*
- 4)  Yes    No   **Is this business "Not For Profit"?** *If Yes, documentation required.*

### QUESTIONNAIRE - In City & Home Occupation Businesses ONLY

- 5)  Yes    No   **Will the business operations include any work, use or storage activities outside of a fully enclosed building?**

- |     |                              |                             |   |
|-----|------------------------------|-----------------------------|---|
| 6)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include discharging of any waste, waste water, or rinse water to the ground, street, or storm drain?   |
| 7)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any use, processing, handling, storage, and/or discharge of chemicals of any kind, including hazardous chemicals or solvents?  |
| 8)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include the generation of any hazardous chemicals and/or hazardous waste?  |
| 9)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include storage of more than 5 gallons of any flammable liquids?   |
| 10) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include vehicle painting, spray painting or powder coating?  |
| 11) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any sanding, cutting, shaping of wood, metals, plastic, or other products producing combustible dust and/or fibers?  |
| 12) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any repairs and/or maintenance of vehicles?  |
| 13) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any washing of equipment or vehicles?  |
| 14) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include the preparation of food and/or beverages?  |
| 15) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the on-site sewer system equipped with a clarifier or grease interceptor? If so, what size?  |
| 16) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Has a Water Quality Management Plan (WQMP) been prepared for the property?  |
| 17) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any storage of rolled paper, bundled cardboard, baled paper, baled hay/straw, or similar products?   |
| 18) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business operations include any fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum (propane) or hydrogen gas?  |
| 19) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will the business be sharing space with another business?   |
| 20) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is this a food service, gas station, animal keeping, commercial or industrial business?<br>If Yes, additional documentation is required.  |
| 21) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Is the business and/or business operation required to obtain a storm water permit under the NPDES Permit Program for discharges associated with industrial activities? If Yes, provide all primary <a href="#">SIC codes</a> and WDID, NONA or NEC codes applicable to facility(ies) operated as part of the business and attach the corresponding WDID, NONA or NEC. |
| 22) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>If the answer was "Yes" for questions 5-21, list the question number and fully describe/explain ALL "Yes" answers in the area provided below. Use a separate sheet if necessary.<br/>PROCESSING WILL BE DELAYED IF THE APPLICATION IS MISSING THIS INFORMATION.</b>  |

**RESPONSES TO QUESTIONNAIRE – Attach additional sheets if necessary**

**COMPANY OWNER/OFFICER INFORMATION – Attach additional sheets if necessary**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**AGENT FOR SERVICE OF PROCESS – Required for businesses using a PO Box instead of the home address**

**Business & Professions Code § 17538.5**

Any person conducting business from their home residence is not required to disclose the residence address if both of the following conditions are satisfied:

- (A) The person's current business street address or home address is contained in a United States Postal Service (USPS) Form 1583 that is filed with the USPS.
- (B) The person has signed an acknowledgement form authorizing a commercial mail receiving agency (CMRA) to act as that person's agent for service of process.

**A copy of each of the fully executed documents is required at time of application submittal.**

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

- 1) I DECLARE UNDER PENALTY OF PERJURY THAT ALL INFORMATION PROVIDED IS TRUE AND CORRECT.
- 2) IF USING A PO BOX INSTEAD OF HOME ADDRESS, I HAVE READ AND AGREE TO THE "AGENT FOR SERVICE OF PROCESS" SECTION ABOVE AND HAVE PROVIDED THE CITY WITH A FULLY EXECUTED COPY OF USPS FORM 1583 AND AN ACKNOWLEDGEMENT FORM.
- 1) I AGREE TO COMPLY WITH ALL APPLICABLE STATE AND FEDERAL LAWS, AND THE CITY OF CHINO HILLS AND CHINO VALLEY FIRE DISTRICT CODES AND REGULATIONS.
- 2) I FURTHER UNDERSTAND THAT THIS DOCUMENT IS CONSIDERED A "PUBLIC RECORD" AND MAY BE RELEASED PER THE "CALIFORNIA PUBLIC RECORDS ACT" (CPRA) (CA GOV § 6250-6270.7).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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.

**CITY STAFF USE ONLY**

Zoning Review:  Use Permitted  N/A

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Environmental Review: SIC/NAICS Code \_\_\_\_\_  Subject to NPDES IGP Requirements  N/A

NPDES IGP Document Attached per SB 205  WDID \_\_\_\_\_  NONA ID. \_\_\_\_\_  NEC ID. \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_