



Community Development Department
 14000 City Center Dr., Chino Hills, CA 91709
 P: (909) 364-2740
 E: communitydevelopment@chinohills.org

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

NOTICE OF INTENT / CERTIFICATE OF OCCUPANCY

This information is necessary for the review and issuance of a Certificate of Occupancy when starting a new business, moving a business, or changing ownership of an existing business.

PROPOSED BUSINESS INFORMATION

Business Name (dba): _____

Proposed Use: _____

Detailed Description of Operations: _____

Days & Hours of Operation: _____

Total Number of Employees: _____ Total Per Shift: _____

LOCATION INFORMATION

Location Address: _____ Suite #: _____

Center Name: _____

Previous Tenant (if known): _____

Total Square Feet of Space: _____

Property Owner Name: _____

Address: _____

Phone: _____ Email: _____

Management Company:
 (If different than property owner) _____

Address: _____

Phone: _____ Email: _____

BUSINESS OWNER(S) INFORMATION *(Attach additional sheet if necessary)*

Owner Name: _____ Phone: _____

Address: _____ Email: _____

Owner Name: _____ Phone: _____

Address: _____ Email: _____

APPLICATION CONTINUED ON NEXT PAGE

QUESTIONNAIRE:

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

IF YES: Previous Address: _____

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

IF YES: List **ALL** suite numbers business will occupy? _____

3) Is this the only business within this lease area/suite? Yes No

IF NO: Provide name(s) of **ALL** businesses located within this lease area/suite:

4) Will food be prepared on-site? Yes No

IF YES: Describe method(s) of food preparation (i.e., fry, bake, grill, etc.)

5) How will food be served: (*check all that apply*): Dine-in Take-out Drive Thru N/A

6) Will alcohol be sold? Yes No

IF YES: Type (*check all that apply*)? Beer Wine Liquor

Area of Consumption (*check all that apply*): On-Premises Off-Premises

7) Will alcohol (beer, wine, liquor) be produced on-site? Yes No

8) Will entry to the business be restricted to persons 21 years of age and over? Yes No

9) Will massage services be provided? Yes No

IF YES: Type (*check all that apply*)? Full Body Face Foot

Who will perform the massage services (*Check all that apply*)?

IF FULL BODY: (*Provide proof of licensure or certification for ALL persons performing massage services*)

Licensed Physician Licensed Acupuncturist Licensed Chiropractor

Registered Nurse Licensed Physical Therapist Certified Massage Technician

10) Is this is a medical use? Yes No

IF YES: Provide exact description and type of service(s) provided: _____

Will X-Ray/MRI/CT 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

11) Will the business involve the sale of vehicles? Yes No

APPLICATION CONTINUED ON NEXT PAGE

12) Will the business involve the mechanical repair/service of vehicles? Yes No

13) Will the business involve body repair or painting of vehicles? Yes No

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 both the Planning and the Building and Safety Divisions. 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.

NOTE: 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.

CERTIFICATION

By signing below, I certify under the penalty of perjury:

- 1) The business will only provide the functions/services described here-in and attached here-to, and that the operation of the business will not violate any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law.
- 2) That, if at any time, the business operates outside of the described functions/services, or violates any provision of the Chino Hills Municipal Code, City Ordinance, State of California law or Federal law, the City may require the business to 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

SUBMITTAL REQUIREMENTS: All of the documents below are required at time of submittal

- One (1) Copy** - Notice of Intent Application
- One (1) Copy** - [Business Plan](#) or Statement of Operations.
Plan must include, at minimum,
 - List of **all** functions/services being offered/performed **and** the level of staff assigned to perform them;
 - Description of any/all merchandise for sale; and
 - Method(s) of customer contact (i.e.: in-person, online, phone, etc.).
- One (1) Copy** - Completed [Business License Application](#)
- One (1) Copy** - Site Plan showing location of proposed business within shopping center
- One (1) Copy** - Floor Plan of Lease Area
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.



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

BUSINESS LICENSE APPLICATION

- New Business** **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): _____

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: _____

No. of Employees : 0-9 10-50 51-100 101+ No. of Owners: 1 2-3 4+

Detailed Business Description: _____

SIC & NAICS CODES - **In City & Home Occupation Businesses ONLY**

SIC Code: _____ NAICS Code: _____

*Standard Industrial Classification (SIC) Code & NAICS Code can be found at <https://www.naics.com/search/>

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

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Email: _____

PROPERTY OWNER INFORMATION - In City & Home Occupation Businesses ONLY

Owner Name: _____
Address: _____
Phone #: _____ Email: _____

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) Yes No Will the business operations include discharging of any waste, waste water, or rinse water to the ground, street, or storm drain?

- 7) Yes 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) Yes No Will the business operations include the generation of any hazardous chemicals and/or hazardous waste?

- 9) Yes No Will the business operations include storage of more than 5 gallons of any flammable liquids?

- 10) Yes No Will the business operations include vehicle painting, spray painting or powder coating?

- 11) Yes No Will the business operations include any sanding, cutting, shaping of wood, metals, plastic, or other products producing combustible dust and/or fibers?

- 12) Yes No Will the business operations include any repairs and/or maintenance of vehicles?

- 13) Yes No Will the business operations include any washing of equipment or vehicles?

- 14) Yes No Will the business operations include the preparation of food and/or beverages?

- 15) Yes No Is the on-site sewer system equipped with a clarifier or grease interceptor? If so, what size?

- 16) Yes No Has a Water Quality Management Plan (WQMP) been prepared for the property?

- 17) Yes No Will the business operations include any storage of rolled paper, bundled cardboard, baled paper, baled hay/straw, or similar products?

- 18) Yes 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) Yes No Will the business be sharing space with another business?

- 20) Yes No Is this a food service, gas station, animal keeping, commercial or industrial business?
If Yes, additional documentation may be required.

21) Yes 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 [SIC codes](#) 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) Yes No **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. PROCESSING WILL BE DELAYED IF THE APPLICATION IS MISSING THIS INFORMATION.**

RESPONSES TO QUESTIONNAIRE – Attach additional sheet if necessary

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.
- 3) 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.
- 4) 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:** _____ **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:** _____