



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.



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** **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?
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 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) | <input type="checkbox"/> Yes | <input type="checkbox"/> 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 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: _____