



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 all applicable forms noted below are satisfied:

WHEN RENTING A PRIVATE MAILBOX: (i.e.: UPS Store, Parkway Postal, etc.):

- (A) The person's current business street address or home address is contained in a United States Postal Service (USPS) Form [1583](#) that is signed by the private mailbox agency and 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.

WHEN RENTING A UNITED STATES POST OFFICE MAILBOX:

- (A) The person's current business street address or home address is contained in a United States Postal Service (USPS) Form [1583-A](#) that is signed by a USPS Postmaster.

A fully executed copy of each applicable the document 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 Code _____ NAICS Code _____
National Pollution Discharge Elimination System (NPDES) Permit: Required Not Required
NPDES Permit Number: WDID _____ NONA ID. _____ NEC ID. _____