



City of Hesperia

9700 SEVENTH AVENUE, HESPERIA, CA 92345

PHONE: (760) 947-1315 FAX: (760) 947-1418

To begin, please select an option

Business License

### BUSINESS LICENSE APPLICATION

For all businesses including home based and exempt, please complete Sections 1 and 2 All Applicable Fields

Truck Owner-Operators please complete Sections 1, 2, and 3 All Applicable Fields

Truck operators who do not own the business associated with the truck, please complete the required fields in Section 1 and all of Section 3

#### Section 1: Business Information

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Unit #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Ownership Type:  Sole Proprietor  Partnership  Corporation  LLC

Sole Proprietor Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Or:

Federal Tax ID (FEIN): \_\_\_\_\_

#### Section 2: Additional Information

IF HOME OCCUPATION: Are you the homeowner?  Yes  No Please see Home Occupation Reg. #14

IF RETAIL BUSINESS: State Sales Tax # \_\_\_\_\_

IF STATE CONTRACTOR: State License # \_\_\_\_\_ Class: \_\_\_\_\_ Exp: \_\_\_\_\_

IF NON-PROFIT: 501c3 #: \_\_\_\_\_

#### Section 3: Commercial Vehicle Parking Permit

Owner or Operator Name: \_\_\_\_\_ DOT # \_\_\_\_\_

Address where trucks will be parked: \_\_\_\_\_

Number of tractors or trucks parked at address: \_\_\_\_\_

Number of trailers parked at address: \_\_\_\_\_

#### Notes and Fees

**NOTICE:** Business Licenses are due prior to commencing operation and expire as stated in the Hesperia Municipal Code. Issuance of a Business License in no way releases the applicant from compliance with any provisions of Federal, State, County, and City statutes, Ordinances, rules, regulations, or other law, including without limitation to zoning, building, and health and safety laws. This application may be circulated to relevant Federal, State, County and City agencies and departments for inspection and law enforcement purposes.

**AMERICANS WITH DISABILITIES ACT:** 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 and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

Information provided in the above application will become matters of public record and will be subject to disclosure with the exception of social security number and federal ID number.

**WARNING: ADULT BUSINESS** I understand the City's regulations regarding adult businesses, and unless I have indicated above, I agree to not sell, display, offer merchandise, or operate my business in any manner so as to fall under the definition of an "Adult Business" as specified in Section 16.20.320 of the Hesperia Municipal Code.

I DECLARE UNDER PENALTY the laws of the State of California that the information contained in the application is true and correct, and that I have read and understand that any State and/or other licenses are in full force and effect

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



City of Hesperia  
BUILDING AND SAFETY DIVISION

Building Permit #: \_\_\_\_\_

Business License #: \_\_\_\_\_

**LETTER OF INTENT**

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

Business Name: \_\_\_\_\_

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

Business Owner Mailing Address: \_\_\_\_\_

Business Owner City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone No. \_\_\_\_\_

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

Description of Business: \_\_\_\_\_

Square Footage: \_\_\_\_\_

Does the building have an Automatic Fire Sprinkler System?  Yes  No  Alarms

Are there any Class I, II, III-A Liquids?  Used  Stored  Processed

Are there any  Welders  Torches  Other types of open flame being used:

Provide Material Safety Data Sheets (MSDS) and quantities of all Class I, II, or III-A liquids and Hazardous Materials attached to the tenant improvement plans submitted.

Type of products or materials being:  Sold  Stored  Manufactured

Type and number of dust producing equipment to be used:

Type and number of machinery to be used:

Number of items to be sold or produced monthly:

Number of employees:

Number of employees on largest shift: \_\_\_\_\_ Number of shifts: \_\_\_\_\_

Number of company vehicles: \_\_\_\_\_

Approximate number of company vehicle trips per day anticipated: \_\_\_\_\_

Is the proposed use a care facility?  Yes  No  
Will the care facility provide 24-hour care?  Yes  No  
Check boxes that apply  Ambulatory  Non-ambulatory  Bedridden  
Number of clients \_\_\_\_\_  
Age of clients \_\_\_\_\_

Any other information that may assist in processing your project:



City of Hesperia  
**BUILDING AND SAFETY DIVISION**

Building Permit #: \_\_\_\_\_

Business License #: \_\_\_\_\_

**NON-RESIDENTIAL WASTEWATER CALCULATION FORM**

The intent of this form is to calculate sewer connection fees required due to the addition of fixtures to the building. The fees shall be calculated upon approval of the plans and are due prior to final inspections by the Building & Safety Department.

Assessor Parcel No: \_\_\_\_\_ Job Address: \_\_\_\_\_ Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Tel. No.: (\_\_\_\_) \_\_\_\_\_

**PLEASE DESCRIBE PROPOSED PROJECT (Type of Business):**

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1. If this is a restaurant, what is the seating capacity? \_\_\_\_\_
2. Are you required to have a grease trap, clarifier, or sand trap? \_\_\_\_\_ YES \_\_\_\_\_ NO

**PLEASE INDICATE HOW MANY OF THE FOLLOWING:**

Fixture Type	# Of Existing Fixtures	# Of Proposed Fixtures	Inspector Verification (Official Use Only)
Clothes Washer			
Dishwasher			
Kitchen and Utility Sinks			
Rea Laundry Tub			
Lavatory (single)			
Lavatory (double)			
Lavatory (dental)			
Wash up / Hand Sink (ea. set of faucets)			
Dental Unit / Cuspidor			
Cup Sink (6X3X6)			
Bar Sink			
Com. Tripple Dip Sink (w/ or w/o circular spray)			
Com. Prep Sink (w/ or w/o circular spray)			
Mop Sink			
Flushing Rim Sink (hospital or clinic)			
Drinking Fountain (each waterspout)			
Bathtub (with or w/o shower)			
Shower Only (no tub)			
Urinal (step on or trough style)			
Urinal (wall hung)			
Urinal (flush tank / residential style)			
Toilets (water closet w/ tank)			
Toilets (water closet w/ flush valves / no tank)			
Floor Drain / Floor Sink			
Floor Drain (for emergency overflow)			
RV Dump Station			
RV Spaces (w/ wastewater hook-up)			

PERSON COMPLETING FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING INSPECTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMUNITY DEVELOPMENT COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_



**SAN BERNARDINO COUNTY FIRE DEPARTMENT  
OFFICE OF THE FIRE MARSHAL**



**FIRE PREVENTION FACILITY UPDATE FORM**

**FACILITY/BUSINESS INFORMATION (NAME OF THE BUSINESS)**

**BUSINESS NAME** : \_\_\_\_\_ **PHONE** : \_\_\_\_\_  
: \_\_\_\_\_ **FAX** : \_\_\_\_\_  
**STREET ADDRESS** : \_\_\_\_\_ **UNIT #** : \_\_\_\_\_  
**CITY** : \_\_\_\_\_ **STATE** : \_\_\_\_\_ **ZIP** : \_\_\_\_\_  
**SQUARE FEET** : \_\_\_\_\_

No changes

**BUSINESS OWNER INFORMATION (OWNER OF BUSINESS)**

**NAME** : \_\_\_\_\_ **PHONE** : \_\_\_\_\_  
**MAILING ADDRESS** : \_\_\_\_\_ **C/O** : \_\_\_\_\_  
**CITY** : \_\_\_\_\_ **STATE** : \_\_\_\_\_ **ZIP** : \_\_\_\_\_  
**E-MAIL** : \_\_\_\_\_

No changes

**BILLING INFORMATION (INVOICES WILL BE MAILED TO THE OWNER'S MAILING ADDRESS UNLESS OTHERWISE INDICATED BELOW)**

**NAME** : \_\_\_\_\_ **PHONE** : \_\_\_\_\_  
**STREET ADDRESS** : \_\_\_\_\_ **UNIT #** : \_\_\_\_\_  
**CITY** : \_\_\_\_\_ **STATE** : \_\_\_\_\_ **ZIP** : \_\_\_\_\_  
**MAILING ADDRESS** : \_\_\_\_\_ **C/O** : \_\_\_\_\_  
**CITY** : \_\_\_\_\_ **STATE** : \_\_\_\_\_ **ZIP** : \_\_\_\_\_  
**E-MAIL** : \_\_\_\_\_

No changes

**COMPLETED BY:** \_\_\_\_\_ **SIGN:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OFFICE USE ONLY**

**ANNUAL PERMIT INFORMATION:**  No changes

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**PERMIT #:** FANL - \_\_\_\_\_ **OCCUPANCY:** \_\_\_\_\_ **INSPECTOR'S INITIALS:** \_\_\_\_\_

**NOTES:** \_\_\_\_\_  
\_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_

<b>BUSINESS QUESTIONNAIRE</b>	<b>YES</b>	<b>NO</b>
1. Do you store aerosol products in excess of 500 lbs.?		
2. Do you operate aircraft refueling vehicles?		
3. Do you operate an aircraft repair hanger?		
4. Do you operate an automobile wrecking or salvage operation?		
5. Do you have battery systems for standby power or uninterrupted power supply (ups)?		
6. Does your facility store or handle cellulose nitrate films?		
7. Does your business store or produce combustible fibers (i.e., cotton, hay, etc.)?		
8. Do you store or handle combustible materials (i.e., cardboard, boxes, rubber)?		
9. Does your facility operate a waste handling or recycling process?		
10. Do you store or use compressed gases of any kind?		
11. Do you store or use cryogenic material of any kind?		
12. Does your business engage in dry cleaning processes?		
13. Does your facility produce any fine dusts or require a dust collection system?		
14. Are any explosives or blasting agents used or stored at your facility?		
15. Are any flammable or combustible liquids in use or stored at your facility?		
16. Does your business engage in any fruit ripening processes?		
17. Does your facility store or use any kind of hazardous materials?		
18. Does your facility store combustible materials on shelves or pallets that are greater than 12' high?		
19. Do your operations include: welding, cutting, brazing, sweating or any hot work operations?		
20. Are liquefied petroleum gasses (i.e., propane, methane etc.) stored or used?		
21. Are lumber products stored or processed at your facility?		
22. Does your business process or store magnesium?		
23. Is your business located in a covered mall building?		
24. Does your business dispense fuels for motor vehicles?		
25. Are organic, two-part peroxide coatings stored or used at your facility?		
26. Are baking, drying ovens, or booths operated at your facility?		
27. Does your facility contain a room or area for the purposes of assembling 50 or more people?		
28. Do you store or handle any radioactive materials?		
29. Does your facility contain large or ammonia-based refrigeration equipment?		
30. Are motor vehicles, or marine vessels repaired at your facility?		
31. Does spraying, dipping treatments, or coating take place in your facility?		
32. Do you store rubber tires at your facility?		
33. Are wood products (i.e., chips, mulch, plywood etc.) used, stored or produced at your facility?		

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE