



BUSINESS LICENSE DEPARTMENT
● *Service Excellence* ●

Dear Business Owner:

Welcome to the City of Ontario. City staff is ready to assist you in the Business License process. Obtaining a business license in Ontario is a simple procedure. The new business application, change of location or change of ownership applicant must have the Planning Department approve the type of business use for the area where the business will be located. For information concerning zoning approval, please contact the Planning Department at (909) 395-2036. Once zoning has been approved the applicant will be notified by the Business License Department to pay the required taxes. For information concerning taxes and regulations, please contact the Business License Department at (909) 395-2022.

Enclosed you will find the following:

- *An Ontario Business License application*
- *A questionnaire designed to identify potential hazards at your place of business*
- *Home occupation permit application if applicable, for home business*
- *Alarm permit requirement from the Police Department.*

Other Business Identifications as necessary:

State Board of Equalization (State Sales Tax No.)
3737 Main St. Suite #1000
Riverside, CA 92501 (951) 680-6400 Website www.boe.ca.gov

San Bernardino Co Recorder (Fictitious Name Statement)
222 Hospitality Lane
San Bernardino, CA 92415 (909) 387-8306 Website www.sbcounty.gov/acr

Internal Revenue Service (800) 829-3676 Website www.taxes.ca.gov

Franchise Tax Board Service (800) 852-5711 Website www.ftb.ca.gov

Environment Health Department
8575 N Haven Ave #130
Rancho Cucamonga, CA 91730 (909) 884-4056 Website www.sbcounty.gov/dehs



Business License Application

LICENSE DIVISION

303 East B Street Ontario, California 91764
Phone: (909) 395-2022 Fax: (909) 395-2089

THANK YOU FOR DOING BUSINESS IN ONTARIO

CHECK IF APPLICABLE:

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- Change of Business Activity

It is the business owner's responsibility to notify the City of Ontario License Division immediately if there are any changes to the business entity, which differs from the information provided on this application. The business license tax is paid for the calendar year, January 1st through December 31st. It is the business owner's responsibility to renew the business license each year.

BUSINESS INFORMATION (please type or print clearly):

Business Name / DBA: _____

Corporation Name: _____

Location: _____
Address

Mailing Address: _____
Address City State Zip Code

Phone: _____ Fax: _____

Start Date in Ontario: _____ E-mail Address: _____

Contact Person's Name: _____ Title: _____ Phone: _____

OFFICE USE ONLY

Bus.Lic. No.: _____

Exp. Date: _____

License Type: _____

PLANNING DEPARTMENT:

Prior Use: _____

Zone: _____

NAICS Code: _____

SIC Code: _____

Action: Approved Denied

Conditions: No Yes, see attached

Reviewed by: _____

Date: _____

Business Type (please check all that apply):

- Administrative Headquarters
- Contractors
- Manufacturing
- Professions
- Recreation/Entertainment
- Rental/Lease
- Retail Sales
- Services
- Transportation
- Utilities
- Warehousing
- Wholesale Sales

Permits / Additional Information (please complete all that apply):

State License No.: _____ Type/Class: _____ Exp. Date: _____

Health Permit No.: _____ Exp. Date: _____

Hazardous Materials Facility ID No.: _____

Industrial Activity Storm Water Permit No.: _____

Industrial Wastewater Discharge Permit No.: _____

Agent/Broker State License No.: _____

State Sales Tax No.: _____

Total Sq. Ft.: _____ No. of Vehicles: _____

No. of Units (Rental/Lease): _____

No. of Full-time Employees: _____ Part-time Employees: _____

Describe Business Activity in Detail (attach additional pages if necessary): _____

_____ Additional pages

BUSINESS OWNER/OFFICER(S) INFORMATION

Ownership Type:

- Sole Proprietor
- Partnership
- Ltd. Partnership
- Corporation
- LLC
- Trust

Owner/Officer Name: _____

Address: _____

Phone: _____ Cell Phone: _____

Soc. Sec. No.: _____

Drivers License No.: _____

Federal ID No.: _____

State ID No.: _____

BUSINESS OWNER DECLARATION

I declare, under penalty of perjury, that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operations of such business. Furthermore, I agree to notify the City of Ontario Business License Division with ten (10) days of my change in the facts stated herein.

Signature: _____ Date: _____
Business Owner/Officer or Agent

Name (print or type): _____

PROPERTY OWNER DECLARATION

I hereby declare that, I am the owner, I legally represent the owner, of real property involved in this application and do hereby consent to the filing of this Business License application.

Signature: _____ Date: _____
Property Owner or Legal Representative

Name (print or type): _____ Phone: _____

PLEASE NOTE! Prior to establishing your business, it is recommended that you confirm the zoning of the property where you plan to operate the business and whether the use is allowed by right or requires a Conditional Use Permit in that zone. Contact the Planning Department at (909) 395-2036.

BUSINESS LICENSE FEE CALCULATION

Please calculate amount due from the fee schedule on the reverse side of this application. Estimated gross receipts is based on the months that remain in this calendar year. No portion of the license tax is prorated.

Estimated Gross Receipts: \$ _____

License Tax: (A) \$ _____

Base Tax Fee: (B) \$50.00

*SB-1186 Fee: (C) \$1.00

Total Due: (A + B + C) \$ _____

MAKE CHECKS PAYABLE TO THE "CITY OF ONTARIO"

* See reverse side for more information

SCHEDULE OF BUSINESS LICENSE TAX

CODE SECTION	TYPE OF BUSINESS	TAX RATE
3-1.201	PROFESSIONS	\$50 + .55 PER \$1,000
<p>For the purposes of this section, "profession" shall mean the professions of accountant, architect, artist, attorney-at-law, bookkeeping services, building designer, chiropractor, consulting services, dentist, home health and nursing services, hospitals and medical clinics, income tax services, interior decorating services, marriage and family counseling services, microfilming services, notary public, other health care services, physical therapists, physician, psychiatrist, and psychologist.</p>		
3-1.202	SERVICE	\$50 + .40 PER \$1,000
<p>For the purposes of this section, "services" shall mean the business of providing, maintaining or performing labor for the benefit of another; of supplying some general demand for the benefit of another; or performing any other personal service or any service in the capacity of an agent/broker. "Services" do not include the professional services described in Sec. 3-1.201 above.</p>		
3-1.203	CONTRACTORS	\$50 + .40 PER \$1,000
<p>For the purposes of this section, "contractor" shall mean any person holding a California State contractor's license.</p>		
3-1.204	RENTAL OF RESIDENTIAL PROPERTY	\$50 + .40 PER \$1,000
<p>For the purposes of this section, "residential property" shall mean every person engaged in the business of renting real property for residential occupancy in the City. Owners of residential real property who own less than three (3) dwelling units in the City are exempt from the tax imposed by this section.</p>		
3-1.205	RENTAL OF NON-RESIDENTIAL PROPERTY	\$50 + .40 PER \$1,000
<p>For the purposes of this section, "non-residential property" shall mean every person engaged in the business of renting or leasing non-residential real property in the City.</p>		
3-1.206	RECREATION / ENTERTAINMENT	\$50 + .40 PER \$1,000
<p>For the purposes of this section, "recreation and entertainment" includes, but is not limited to, pool halls, bowling alleys, dancing clubs, theaters, skating rinks, and riding academies.</p>		
3-1.207	MANUFACTURING	\$50 + .20 PER \$1,000
<p>For the purposes of this section. "manufacturing" means the business of making, developing, assembling or packaging of any machines, devices, articles, things, materials or substances whatsoever.</p>		
3-1.208	WHOLESALE SALES	\$50 + .20 PER \$1,000
<p>For the purposes of this section, "wholesale sales" means every person engaged in the business of selling goods, wares or merchandise at wholesale.</p>		
3-1.209	RETAIL SALES	\$50 + .20 PER \$1,000
<p>For the purposes of this section, "retail sales" means every person engaged in the business of selling goods, wares or merchandise at retail.</p>		
3-1.210	ADMINISTRATIVE HEADQUARTERS	\$50 + .20 PER \$1,000
<p>Cost of operations shall be equal to the total of the annual fair rental value of all real property located in the City and used for such corporate or administrative headquarters. Annual payroll of all employees based in the City. The cost of all utilities related to the operation of such corporate or administrative headquarters.</p>		
3-1.211	NON-FRANCHISED UTILITY	\$50 + .20 PER \$1,000
<p>For the purposes of this section, "non-franchised utility" means every person engaged in the business of providing public utility services in the City who does not pay a franchise fee to the City under some other provision of the law.</p>		
3-1.212	FRANCHISED UTILITY	\$1,000 FLAT YR TAX
<p>For the purposes of this section, "franchised utility" means every person engaged in the business of providing public utility services in the City, and who pays a franchise fee to the City under any other provision of the law.</p>		
3-1.215	TRANSPORTATION	\$40 PER VEHICLE
<p>For the purposes of this section, "transportation" means every person engaged in the business of transporting persons or property by vehicles driven on the streets of the City.</p>		
3-1.216	WAREHOUSING	\$50 + .02 PER SQ FT
<p>For the purposes of this section, "warehousing" means every person engaged in the business of warehousing or distribution in the City.</p>		

SB-1186 STATE DISABILITY ACCESS FEE
A state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof.

"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
- The Department of Rehabilitation at www.rehab.cahwnet.gov
- The California Commission on Disability Access at www.cdda.ca.gov



Business License Questionnaire

Business Name: _____ Building/Unit Size (in Sq-Ft): _____

Business Address (include unit or suite #): _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Please answer each of the questions listed below. Fully describe/explain all yes answers on a separate sheet if space is not available.

Yes **No**

1. Will the business operation include any work, use or storage conducted outside of a wholly enclosed building? (plng)
If yes, what? _____
2. Will the business include any type of adult entertainment? (fd, plng, ce)
3. Will the business be discharging any waste other than domestic waste to the sewer system? (eng, util.)
4. Will the business operation include the use or storage of any acetylene, or arc welding or cutting? (fd)
5. Will the business operation include any processing, handling, storage or discharge of chemicals, including hazardous chemicals and solvents? (fd, eng, util.)
6. Will the business generate any hazardous waste at this site? (fd, eng, util.)
7. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type? (fd)
8. Will the business operation include the use, generation, processing, production, treatment, storage, emission or discharge of hazardous materials in quantities totaling more than 55 gallons or 500 lbs., or 200 cubic feet of a compressed gas, whether indoors or out? (fd, plng)
9. Will the business operation include the generation of hazardous wastes in quantities totaling more than 55 gallons or 500 lbs., or 200 cubic feet of a compressed gas? (fd, plng, eng)
10. Will the business operation include spray painting or powder coating? (fd, plng, eng, util.)
11. Will the business operation include sanding, cutting or shaping of wood or products producing combustible dust or fibers? (fd, util.)
12. Will the business operation include the use of storage racks; and/or the indoor storage of materials exceeding 12 feet in height; and/or tire, plastic or flammable liquid storage over 6 feet in height? (fd, bldg)
13. Will the business operation include the repair or maintenance of motor vehicles? (fd, plng, eng)
14. Will the business operation include the washing of any equipment or vehicles? (eng, util.)
15. Will the building be used for education, instruction, daycare, worship or dining? If yes, how many square feet will you be using _____? (fd, plng, bldg)
16. Will the business operation include selling or serving alcoholic beverages? (plng, pd) If yes, what type of ABC license? _____ What is the size (in square feet) of the seating area? _____
17. Will the business have an outdoor patio where alcoholic beverages are served? (plng, pd)
18. Will the business operation include the preparation of food or beverages? (plng, eng, util.)
19. Will the business operation include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, etc.), dancing or other? (fd, plng, pd)
20. Will the business operation include arcade machines or other amusement devices, such as pool tables or computers? (plng)
If yes, how many (total)? _____
21. Will there be any placement of new machinery, equipment or storage units outdoors or on the roof? (bldg)
22. Will the business operation include discharging any waste, wastewater or rinsewater to the ground, street or storm drain? (eng)

- 23. Is the on-site sewer system equipped with a clarifier or grease trap? If so, what size? _____ . (eng, util.)
- 24. Has a Water Quality Management Plan been prepared for this property? (eng)
- 25. Does the business currently have, or will the business be installing, a security alarm system? (pd)
- 26. Are you aware of any Municipal Code violations on the property that have not been resolved? (ce)
- 27. Will the business be sharing space with another business? (fd, eng, plng)
- 28. Is the building equipped with a fire sprinkler system? (fd)
- 29. Will the business be utilizing outdoor trailers, containers or temporary buildings? (plng)
- 30. Have you done or will you be doing any building construction or alterations, or equipment installations related to the operation of the business? (fd, bldg, util.)
- 31. Will your business distribute medical marijuana as part of its services? (plng)
- 32. Will the business operation include the sales or serving of tobacco products? (pd) If yes, what is the tobacco resale No. _____ What type of tobacco products will be sold? _____ (pd)
- 33. Is the use a State license facility? If yes, what type _____ (pd)
- 34. Will the business have an outdoor patio where tobacco products can be used? (pd)

DECLARATION

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this Business License Questionnaire and know the content thereof, and that the herein stated information, and all attachments hereto, are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____

STAFF USE ONLY

Land Use: _____ Previous Use: _____

Engineering Department approval required? Yes No. If yes: Signature: _____ Date: _____

Fire Department approval required? Yes No. If yes: Signature: _____ Date: _____

Police Department approval required? Yes No. If yes: Signature: _____ Date: _____

Airport Planning approval required? Yes No. If yes: Signature: _____ Date: _____

Comments/Conditions: _____



Business License Additional Requirements

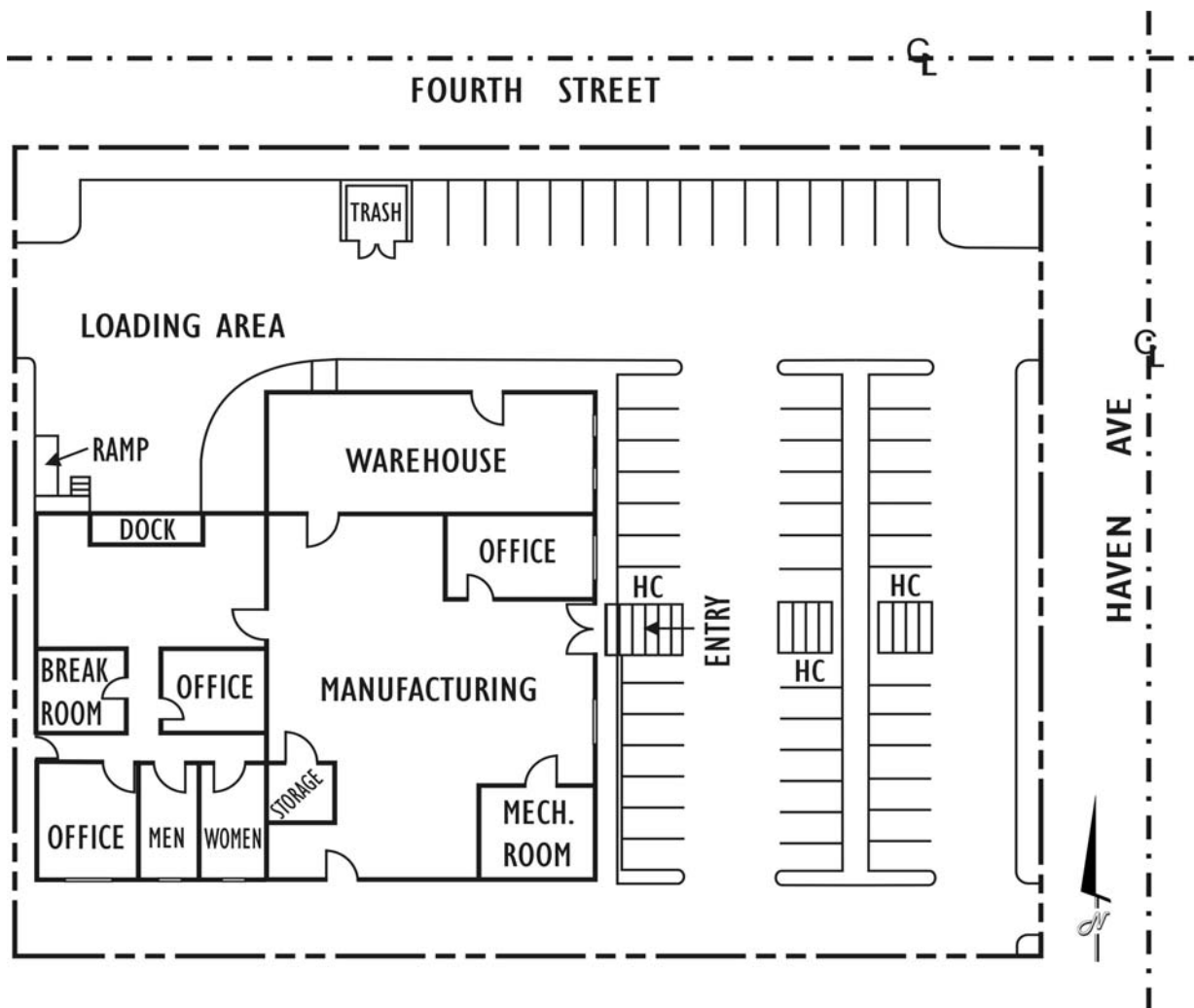
Please submit a plot plan and floor plan for your site. Plan needs to show site layout, cross streets, size, parking and storage areas. Floor plan needs to indicate how the interior floor plan will be used. If you are going to share the space with others please indicate how the space will be divided. Please see example below:

E X A M P L E

Site Plan/Plot Plan

Gross Building Area:

Office Area:	12,600 SF
Manufacturing Area:	12,600 SF
Warehousing Area:	6,825 SF
TOTAL	32,025 SF



- Please indicate:
- ADDRESS and BUSINESS NAME
 - Show the layout of all parts of the building, including all entrances, exits and windows.



**City of Ontario
Planning Department**
303 East "B" Street
Ontario, CA 91764
Phone: (909) 395-2036
Fax: (909) 395-2420

Home Occupation Permit Application

GENERAL INFORMATION *(print or type)*

Property Owner: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Applicant: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Property Owner

Renter *(the property owner's signature is required on this application)*

(For staff use only)

File No.: _____

Date Filed: _____

Action: Approved Denied

By: _____

Date: _____

BUSINESS DESCRIPTION

Fully describe the proposed business (be specific): _____

List all materials and equipment to be used and/or stored on the property in conjunction with the business: _____

List all vehicles (including trailers) to be used and/or stored on the property in conjunction with the business: _____

Total area of the dwelling devoted to the home occupation: _____ square feet.

Number of rooms in the dwelling devoted to the home occupation: _____.

Percent (%) of the total area of the dwelling devoted to the home occupation: _____.

Number of employees: _____. Does the business employ anyone other than members of the resident family? Yes No

HOME OCCUPATION REGULATIONS

Home occupations are subject to the following regulations:

1. No one other than members of the resident family are to be engaged in the conduct of a home occupation;
2. There shall be no use of materials or mechanical equipment not reasonably necessary for household uses, including storage of commercial equipment or supplies or hazardous materials;
3. Commercial vehicles are not to be used for the transport of materials to and from the premises (except for standard parcel delivery services);
4. The operation of the home occupation shall not involve more than one client or customer visiting at the premises at any one time.
5. Use of electronic equipment, such as computer modems, fax machines and other electronic equipment, shall not result in electronic interference on surrounding sites;
6. No signs are permitted in the district in which the premises are located;
7. No external alteration of the structure shall occur, or any activity which denotes a non residential use to a person off of the premises by reason of color, materials, lighting, signs, sounds or noises, odors, vibrations, or any other indication;
8. A home occupation shall not be conducted on any site unless the issuance of a revocable business license has been approved by the Planning Director following review by the applicable City departments or the approval of a Conditional Use Permit by the Zoning Administrator;
9. Notwithstanding any other provision of this section, any home occupation involving the repair, storage or sale of firearms, ammunition, gun powder, explosives, and related materials, shall be subject to the approval of a Conditional Use Permit by the Zoning Administrator.

APPLICANT ACKNOWLEDGEMENT

I hereby certify and say that I am the applicant in the foregoing application, that I have read the foregoing application and know the content thereof, and state that the same is true and correct to the best of my knowledge and belief. Furthermore, I have read and fully understand the Home Occupation regulations and will fully comply with each regulation as it pertains to my business.

Signature: _____ Date: _____

PROPERTY OWNER ACKNOWLEDGEMENT (Completion of this section is required only if the applicant is a renter)

I hereby certify and say that I am the owner of the real property involved in this application and do hereby consent to the filing of this Home Occupation Permit application.

Signature: _____ Date: _____

Name (*print or type*): _____