



BUSINESS LICENSE APPLICATION

Community Development Department
 220 E Mountain View St., Suite A, Barstow, CA 92311
 Phone: (760) 255-5161

BUSINESS INFORMATION

BUSINESS NAME		TYPE OF OWNERSHIP <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Trust <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Sole Proprietorship (ID #* _____) *Social Security, California Driver's License, California ID, Individual Taxpayer ID, or Municipal ID Number <input type="checkbox"/> Non-Profit Organization (Provide Copy of IRS Exemption)	
ADDITIONAL BUSINESS NAME (DOING BUSINESS AS (DBA))			
BUSINESS ADDRESS		SUITE	BUSINESS PHONE NUMBER
CITY	STATE	ZIP CODE	BUSINESS FAX NUMBER
MAILING ADDRESS (SERVICE OF PROCESS) <input type="checkbox"/> Same As Business Address		SUITE	E-MAIL ADDRESS
CITY	STATE	ZIP	BUSINESS' WEB ADDRESS
FEDERAL EMPLOYER ID (FEIN) (EXAMPLE: XX-XXXXXX) <input type="checkbox"/> N/A	STATE EMPLOYER ID (EDD #) (EXAMPLE: XXX-XXXX-X) <input type="checkbox"/> N/A	STATE SALES TAX NO. (A.K.A. RESALE NO.) <input type="checkbox"/> N/A	

DESCRIPTION OF BUSINESS (Only One(1) Business Activity Per Application (i.e. Physician, General Contractor, Cosmetologist, Retail Sale of Hair Products, Grocery Store, etc.))

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OWNER INFORMATION

LIST RESIDENCE ADDRESS, PHONE, TITLE, AND DRIVER'S LICENSE NUMBER OF OWNER, PRESIDENT, PARTNER, CEO, CFO, ETC. IF NECESSARY, PLEASE ATTACH A LIST OF ADDITIONAL OWNERS.				
LAST NAME		FIRST NAME		TITLE
MAILING ADDRESS (SERVICE OF PROCESS)		CITY	STATE	ZIP
PHONE NUMBER	DRIVER'S LICENSE / ID NUMBER		STATE OF DRIVER'S LICENSE / ID ISSUANCE	

ADDITIONAL OWNER INFORMATION

LAST NAME		FIRST NAME		TITLE
MAILING ADDRESS (SERVICE OF PROCESS)		CITY	STATE	ZIP
PHONE NUMBER	DRIVER'S LICENSE / ID NUMBER		STATE OF DRIVER'S LICENSE / ID ISSUANCE	

Continued On Reverse Side

ZONING: _____

PLANNING DEPARTMENT APPROVAL: _____



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EMERGENCY CONTACT INFORMATION

PLEASE INDICATE WHOM THE CITY SHOULD CONTACT (OTHER THAN THE OWNER) IN THE EVENT OF AN EMERGENCY (I.E. FIRE, SECURING THE BUILDING, ETC.) - IF NECESSARY, PLEASE ATTACH A LIST OF ADDITIONAL CONTACTS.

NAME	PHONE NUMBER	TITLE	
ADDRESS	CITY	STATE	ZIP

STATE LICENSED BUSINESSES / OCCUPATIONS

IS YOUR OCCUPATION LICENSED BY THE STATE OF CALIFORNIA OR OTHER STATE AGENCY? YES** NO (IF NO, PROCEED TO HOME OCCUPATION SECTION) **IF YES, PLEASE PROVIDE A COPY OF YOUR MOST RECENT **UNEXPIRED LICENSE THAT HAS BEEN ISSUED BY THE STAT AGENCY.**

STATE LICENSE TYPE	STATE LICENSE NUMBER	CLASSIFICATION NO(S).	EXPIRATION DATE
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STORMWATER DISCHARGE COMPLIANCE (SENATE BILL 205)

Effective January 1, 2020, The State of California requires that prior to issuance and/or renewal of a business license, applicants provide specified information, under penalty of perjury, including, among other things, the Standard Industrial Classification (SIC) Code for cities/counties to determine whether business activity(ies) fall into one of the regulated categories of the Industrial Stormwater General Permit required by the State Water Resources Control Board and whether a Water Discharge Identification (WDID) Number is required. **The City of Barstow CANNOT issue a business license without the SIC Code.** To find out your SIC Code, visit <http://naics.com>.

SIC CODE:	NAICS CODE:	WDID # <input type="checkbox"/> N/A
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HOME OCCUPANCIES

IS THIS BUSINESS CONDUCTED FROM YOUR HOME?

- YES (IF YES AND YOU LIVE WITHIN THE INCORPORATED BARSTOW CITY LIMITS, A HOME OCCUPATION PERMIT IS REQUIRED)
 NO (IF NO, PROCEED TO THE OCCUPANCY CLASSIFICATIONS AND BUSINESS ACTIVITIES SECTION)

OCCUPANCY CLASSIFICATIONS AND BUSINESS ACTIVITIES

DOES YOUR BUSINESS CONDUCT ANY OF THE FOLLOWING TYPES OF ACTIVITIES?

- YES (IF YES, A BARSTOW FIRE PROTECTION PERMIT IS REQUIRED) NO (IF NO, PROCEED TO SALES OF ALCOHOL AND/OR CIGARETTES / TOBACCO PRODUCTS.)

- Place of Assembly (Occupant Loads > 50 Persons)(i.e. restaurant, churches, banquet/conference rooms)
- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Amusement Bldg./Carnival/Fair | <input type="checkbox"/> Covered Mall | <input type="checkbox"/> Cryogenic Fluids | <input type="checkbox"/> Dry Cleaning |
| <input type="checkbox"/> Flammable/Combustible Liquids | <input type="checkbox"/> Explosives | <input type="checkbox"/> Fumigation/Thermal Insecticidal Fogging | <input type="checkbox"/> Combustible Storage |
| <input type="checkbox"/> Lumber Yard/Woodworking Plant | <input type="checkbox"/> Industrial Oven | <input type="checkbox"/> Storage/Use of LP Gas | <input type="checkbox"/> Vehicle Repair/Fuel Dispensing |
| <input type="checkbox"/> Warehouse/Wholesaling | <input type="checkbox"/> Flammable Liquids (Storage/Handling) | <input type="checkbox"/> Waste Handling (Includes Wrecking & Junkyard) | <input type="checkbox"/> Storage of Scrap Tires |
| <input type="checkbox"/> Spraying/Dipping | <input type="checkbox"/> Dust Producing Operations | <input type="checkbox"/> Use of Compressed Gas (Including Oxygen) | <input type="checkbox"/> Plastic (Storage/Handling) |
| <input type="checkbox"/> High Pile Storage (>' or >500 sqft in size) | <input type="checkbox"/> Use of Hood & Duct | <input type="checkbox"/> Outside Storage/Impound Yard (Including Vehicles) | <input type="checkbox"/> Refrigeration Equipment |
| <input type="checkbox"/> Hotel (# of Rooms _____) | <input type="checkbox"/> Heliport | <input type="checkbox"/> Childcare <6 Children/Residential Care Facility | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Christmas Tree Lot | <input type="checkbox"/> Private School | <input type="checkbox"/> Create, Store, Generate, or Use Hazardous Substances or Products that are Corrosive, Reactive, Ignitable, Toxic, and/or Ozone Depleters | <input type="checkbox"/> Rifle Range |
- Other Business Activity Regulated by the California Fire Code (Please Describe Below)

IF YOU ANSWERED YES AND CHECKED ANY OF THE ABOVE BOX(ES), PLEASE EXPLAIN:

SALES OF ALCOHOL AND/OR CIGARETTES/TOBACCO PRODUCTS

DOES YOUR BUSINESS SELL ALCOHOL AND/OR TOBACCO PRODUCTS?

- YES (IF YES, PLEASE PROVIDE ABC OR CALIFORNIA CIGARETTE AND/OR TOBACCO PRODUCT RETAILER'S LICENSE NO(S).)

Alcohol Beverage Control (ABC) License #:	California Cigarette and Tobacco Retailer's License #:
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- NO (IF NO, PROCEED TO THE SALES OF CANNABIS PRODUCT SECTION)

SALES OF CANNABIS PRODUCTS

DOES YOUR BUSINESS SELL CANNABIS PRODUCTS?

- YES (IF YES, PLEASE PROVIDE THE CALIFORNIA CANNABIS LICENSE NUMBER AND THE CITY OF BARSTOW CANNABIS LICENSE NUMBER)

Dept. of Cannabis Control License #:	City of Barstow Cannabis License #:
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- NO (IF NO, PROCEED TO THE ALARM PERMIT SECTION)



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CITY OF BARSTOW ALARM PERMIT

IF YOUR BUSINESS IS LOCATED IN BARSTOW, DOES IT HAVE A SECURITY, BURGLAR, AND/OR FIRE ALARM?

- YES (IF YES, A CITY OF BARSTOW ALARM PERMIT IS REQUIRED)
- NO (IF NO, PROCEED TO THE CITY OF BARSTOW SIGN PERMIT SECTION)
- BUSINESS IS NOT LOCATED IN BARSTOW. (PROCEED TO WORKER'S COMPENSATION ACKNOWLEDGEMENT)

CITY OF BARSTOW SIGN PERMIT

IF YOUR BUSINESS IS LOCATED IN BARSTOW, WILL YOU BE INSTALLING BUSINESS SIGNAGE??

- YES (IF YES, A CITY OF BARSTOW SIGN PERMIT IS REQUIRED)
***ALL** SIGNANGE **MUST BE** REVIEWED, PERMITTED, AND INSPECTION **PRIOR TO** ISSUANCE OF BUSINESS LICENSE.
- NO (IF NO, PROCEED TO WORKER'S COMPENSATION ACKNOWLEDGMENT)

WORKERS' COMPENSATION ACKNOWLEDGEMENT

I UNDERSTAND THAT UNDER CALIFORNIA LAW, I AM REQUIRED TO CARRY WORKERS' COMPENSATION INSURANCE FOR MY EMPLOYEES AT ALL TIMES.

- I HAVE AND WILL MAINTAIN THE NECESSARY WORKERS' COMPENSATION INSURANCE AS REQUIRED BY THE STATE OF CALIFORNIA. **PLEASE LIST # OF EMPLOYEES:** _____
- I HAVE NO EMPLOYEES AT THIS TIME, BUT UNDERSTAND THAT IF I EMPLOY ANY PERSON(S) I MUST IMMEDIATELY OBTAIN THE NECESSARY WORKERS' COMPENSATION COVERAGE REQUIRED BY CALIFORNIA LAW.

DISABILITY ACCESS

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:

- DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/Home.aspx
- DEPARTMENT OF REHABILITATION: www.rehab.cahwnet.gov/
- CALIFORNIA COMMISSION ON DISABILITY ACCESS: www.cdda.ca.gov/

APPLICATION SUBMITTAL REQUIREMENTS

THE FOLLOWING DOCUMENT(S) SHALL BE SUBMITTED TO THE CITY OF BARSTOW AS PART OF THE BUSINESS LICENSE APPLICATION SUBMITTAL:

- COMPLETED AND SIGNED CITY OF BARSTOW BUSINESS LICENSE APPLICATION
- PAYMENT OF FEES

THE FOLLOWING DOCUMENT(S) SHALL ACCOMPANY A COMPLETED AND SIGNED BUSINESS LICENSE APPLICATION AND FEE WHEN APPLICABLE. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

- COPY OF VALID GOVERNMENT-ISSUED IDENTIFICATION OF THE BUSINESS OWNER, OFFICER, OR AUTHORIZED AGENT MAKING APPLICATION FOR A CITY OF BARSTOW BUSINESS LICENSE.
- COPY OF STATE ISSUED LICENSE, IF APPLICABLE (I.E. COSMETOLOGIST, CONTRACTOR, REALTOR, ETC.)
- COPY OF RECORDED FICTITIOUS BUSINESS NAME STATEMENT (IF REQUIRED BY BUSINESS AND PROFESSIONS CODE 17910).
- COPY OF THE ARTICLES OF INCORPORATION OR ARTICLES OF ORGANIZATION AS APPLICABLE.
- IRS EXEMPTION LETTER / 501(C)(3) - REQUIRED FOR NON-PROFIT ORGANIZATIONS.
- IF THIS APPLICATION IS COMPLETED BY AN AGENT, THE CITY OF BARSTOW'S AUTHORIZATION OF AGENT TO ACT ON BEHALF OF THE BUSINESS OWNER" FORM, CONTAINING THE SIGNATURE OF THE BUSINESS OWNER OR BUSINESS OFFICER. **PLEASE NOTE:** THE AUTHORIZATION FORM MUST BE NOTARIZED OR ACCOMPANIED BY A COPY OF A GOVERNMENT-ISSUED IDENTIFICATION OF THE PERSON WHO IS GRANTING THE AUTHORIZATION (BUSINESS OWNER OR OFFICER).

THE CITY OF BARSTOW TAKES YOUR PRIVACY SERIOUSLY. YOUR PERSONAL INFORMATION WILL NOT BE SHARED WITH OTHER AGENCIES, BUSINESSES, OR INDIVIDUALS UNLESS REQUIRED BY LAW. UNDER THE CALIFORNIA PUBLIC RECORDS ACT, THIS APPLICATION WILL BECOME A PUBLIC RECORD ONCE SUBMITTED TO THE CITY. THE CITY WILL REDACT ANY CONFIDENTIAL PERSONAL INFORMATION BEFORE DISCLOSING THIS DOCUMENT.



BUSINESS LICENSE APPLICATION

ACKNOWLEDGEMENT

I ACKNOWLEDGE AND UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE APPLICANT/LICENSEE TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF BASTOW MUNICIPAL CODES, CITY ZONING ORDINANCES, AND STATE AND FEDERAL LAWS. NON-COMPLIANCE MAY RESULT IN THE REVOCATION OF YOUR CITY OF BARSTOW BUSINESS LICENSE.

I FURTHER UNDERSTAND THAT THE FOLLOWING APPLIES TO BUSINESSES WHO ARE APPLYING FOR A CITY OF BARSTOW BUSINESS LICENSE (**PLEASE INITIAL BESIDE EACH ITEM TO ACKNOWLEDGE YOU HAVE READ AND UNDERSTAND**):

1. _____ All signage must be reviewed, approved, and permitted by the City of Barstow's Building and Planning Departments. Please contact (760) 255-5161 regarding sign permits **PRIOR TO** the installation of **ANY** signage.
All modifications, other than aesthetic changes (i.e. painting, flooring), to a structure located within the City of Barstow are subject to approval and issuance of a City of Barstow Building Permit and/or Barstow Fire Protection District Fire Permit. These include, but are not
2. _____ limited to, repairs and improvements to plumbing, electrical, and mechanical systems. Please contact the City of Barstow's Building Department at (760) 255-5161 **PRIOR TO** any alteration or modification of any building or structure to determine if a building and/or fire permit is required.
3. _____ Trash and recycling services ARE MANDATORY in the City of Barstow (BMC Article IV, 6.20.340). Please contact Utility Billing at (760) 255-5162 or utilitybilling@barstowca.org to establish service.
4. _____ There shall be no sales, distribution or cultivation of marijuana unless an issued City of Barstow Cannabis License is approved under BMC 19.27. Any such application shall be denied (Ref.: BMC 19.44.050).
5. _____ There shall be no sales or distribution of psychoactive bath salts, psychoactive herbal incense, or other synthetic drugs (Ref.: BMC 9.27)
6. _____ A business license will not be issued until the application has been reviewed by the Planning Department to determine if any land use approvals (i.e. discretionary permits) are necessary for compliance with zoning regulations. To confirm the zoning of your business, please contact the City of Barstow's Planning Department at (760) 255-5161.
7. _____ Based upon a review of the application, a permit issued by the Barstow Fire Protection District may be required.
8. _____ The business location will be required to maintain parking lots and existing landscaping if they are determined to be in need of repair. The City of Barstow's Planning Department may require landscaping for sites that do not have current landscaping.
9. _____ Depending on the type of tenant improvements which are proposed as part of your business, the site may be required to conform to the business and/or property owner, from potential litigation. Consultation with a Certified Access Specialist (CASp) is strongly advised.
10. _____ Contractors shall provide verification of Worker's Compensation Insurance coverage if required by California law.
11. _____ To determine if an interceptor is required or if an existing inceptor needs to be serviced in relation to the type of business operation you will be conducting (i.e. restaurant, food preparation, car/truck wash, etc.), please contact the Industrial Pretreatment Department at (760) 252-2538.
12. _____ Businesses that generate hazardous materials MUST CONTACT the City of Barstow's Environmental Services Department at (760) 255-5126. If you are unsure whether your business generates hazardous materials, please contact the Environmental Services Department for clarification.

PRIOR TO THE ISSUANCE OF A BUSINESS LICENSE, THE CITY WILL CONDUCT AN INSPECTION OF THE BUSINESS LOCATION, IF LOCATED WITHIN THE INCORPORATED CITY LIMITS OF BARSTOW. THE CITY OF BARSTOW RECOMMENDS BUSINESS OWNERS CONTACT THE CITY OF BARSTOW'S PLANNING DEPARTMENT AT (760) 255-5161 PRIOR TO RENTING, LEASING, OR PURCHASING A PROPERTY TO VERIFY THEIR PROPOSED USE COMPLIES WITH THE CITY OF BARSTOW'S ZONING ORDINANCE. THE PREMISES WILL BE INSPECTED PRIOR TO THE BUSINESS OPENING FOR BUSINESS AND MUST BE SET UP AND/OR STOCKED.

IF THE CITY TRIES TO BUT CAN NOT CONTACT THE APPLICANT WITHIN 30 DAYS OF THE APPLICATION DATE, THE APPLICATION WILL BE CONSIDERED WITHDRAWN, AND ALL FEES PAID WILL BE NONREFUNDABLE.

SUBMITTAL OF A BUSINESS LICENSE APPLICATION AND PAYMENT OF FEE(S) DOES NOT CONSTITUTE AN APPROVAL OF A LICENSE TO OPERATE A BUSINESS. **NO BUSINESS SHALL OPERATE UNTIL THE BUSINESS LICENSE HAS BEEN APPROVED AND ISSUED BY THE CITY OF BARSTOW. BY SIGNING BELOW, I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNATURE	PRINTED NAME	DATE
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BUSINESS NAME

COMPUTATION OF FEES

- ANNUAL FEE (As per Title 5 of the Barstow Municipal Code). Please contact (760) 255-5161 for fee. \$ _____
- DISABILITY ACCESS
 - On September 19, 2021, Governor Brown signed into law Senate Bill 1186 which adds a state fee of \$1.00 on any applicant for a local business license or renewal effective January 1, 2013, This fee will be required from all new business licenses or renewals. The purpose of the fee is to provide a funding source for increased disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws. \$ _____ \$4.00 _____
- BUSINESS LICENSE PROCESSING (\$40) AND TECHNOLOGY (\$15) FEES \$ _____ \$55.00 _____
- TOTAL FEE (ADD LINES A + B + C = TOTAL FEE) \$ _____