



# CHANGE OF BUSINESS LOCATION

Community Development Department  
 220 E. Mountain View St., Suite A • Barstow, CA 92311  
 Phone: (760) 255-5151

## BUSINESS INFORMATION

|  |       |                    |                              |
|--|-------|--------------------|------------------------------|
| BUSINESS NAME  |       | BUSINESS LICENSE # |                              |
| ADDITIONAL BUSINESS NAMES (DOING BUSINESS AS (DBA))                            |       |                    |                              |
| MOVING FROM (CURRENT) BUSINESS ADDRESS (P.O. Box and Mail Drop NOT Acceptable) |       |                    | SUITE                        |
| CITY   | STATE | ZIP CODE           |                              |
| MOVING TO (NEW) BUSINESS ADDRESS   |       | SUITE              | BUSINESS PHONE NUMBER<br>( ) |
| CITY   | STATE | ZIP                | E-MAIL ADDRESS               |
| BUSINESS MAILING ADDRESS <input type="checkbox"/> Same As Business Address     |       |                    | SUITE                        |
| CITY   | STATE | ZIP CODE           |                              |

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

## OWNER INFORMATION (IF NECESSARY, PLEASE ATTACH A LIST OF ADDITIONAL OWNERS.)

|   |            |       |     |              |
|---|------------|-------|-----|--------------|
| LAST NAME   | FIRST NAME | TITLE |     |              |
| RESIDENCE ADDRESS (P.O. Box and Mail Drop NOT Acceptable) | CITY       | STATE | ZIP | PHONE NUMBER |

## 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 |     |
| RESIDENCE ADDRESS | CITY         | STATE | ZIP |

## CITY OF BARSTOW ALARM PERMIT

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

- Yes (If yes, a City of Barstow Alarm Permit is required.)
- No (If No, Proceed to 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 (i.e. cabinet/pole sign, window decals, etc.)?

- Yes (If yes, a City of Barstow Sign Permit is required.)
  - **ALL** signage **MUST BE** reviewed, permitted and inspected **PRIOR TO** issuance of business license.
- No (If No, Proceed to Worker's Compensation Acknowledgement)

CONTINUE ON REVERSE SIDE



# BUSINESS LICENSE APPLICATION

## ACKNOWLEDGEMENT

I UNDERSTAND THAT IT IS THE RESPONSIBILITY OF THE BUSINESS OWNER(S) TO ENSURE THEIR BUSINESS COMPLIES WITH ALL APPLICABLE CITY OF BARSTOW 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 ALL BUSINESSES WHO ARE ISSUED A CITY OF BARSTOW BUSINESS LICENSE (Please initial beside each item to acknowledge you have read and understand):

1. \_\_\_\_\_ All signage must be approved and permitted by the City of Barstow Building and Planning Departments. Please contact (760) 255-5161 regarding sign permits **PRIOR TO** installation.
2. \_\_\_\_\_ 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. These include 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 permit is required.
3. \_\_\_\_\_ Trash and recycling services are mandatory in the City of Barstow. Please contact Burrtec Waste Industries at (760) 256-2730 to establish service.
4. \_\_\_\_\_ There shall be no sales, distribution or cultivation of medical marijuana. 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 9.74).
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) 255-5153.
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 landscape for sites that do not have current landscaping.
9. \_\_\_\_\_ Dependent on the type of tenant improvements which are proposed as part of your business, the site may be required to conform to all Americans with Disabilities Act (A.D.A.) improvements. It is advised that regardless, A.D.A. improvements be made to protect you, the business and/or land owner, from potential litigation.
10. \_\_\_\_\_ Contractors shall provide verification of Workers' Compensation Insurance coverage, if required by California law.

**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 PREMISES MUST BE READY TO OPEN (i.e., STOCKED), BUT NOT OPEN FOR BUSINESS. IF THE CITY CANNOT CONTACT THE APPLICANT WITHIN 60 DAYS OF THE APPLICATION DATE, THE APPLICATION WILL CONSIDERED WITHDRAWN, AND ALL FEES PAID WILL BE NONREFUNDABLE.**

|               |              |      |
|---------------|--------------|------|
| SIGNATURE     | PRINTED NAME | DATE |
| BUSINESS NAME |              |      |

## COMPUTATION OF FEES

A. CHANGE OF LOCATION / INSPECTION OF NEW LOCATION \$ \_\_\_\_\_ 40.00 \_\_\_\_\_