

CITY OF SAN BERNARDINO

CITY CLERK, P.O. BOX 1318
SAN BERNARDINO, CA 92402
(909) 384-5302 or (909) 384-5035
(909) 384-5158 fax



Contact us via email at:
business.license@sanbernardino.org

APPLICATION FOR BUSINESS REGISTRATION

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

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

(No. P.O. Boxes or
Personal Mail Boxes-PMB)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

DATE BUSINESS STARTED IN SAN BERNARDINO: \_\_\_\_\_ ORGANIZATION TYPE: \_\_\_\_\_

APPLICANT NAME/ADDRESS: (OWNER OR IF PARTNERSHIP/CORP. GIVE NAMES OF PARTNERS OR CORP. OFFICERS)

Table with 3 columns: TITLE, NAME, ADDRESS, CITY, STATE, ZIP, PHONE. Rows include TITLE1-3, NAME1-3, ADDRESS1-3, CITY1-3, STATE1-3, ZIP1-3, PHONE1-3.

BUSINESS DESCRIPTION: \_\_\_\_\_
PLEASE BE SPECIFIC

PROVIDE THE FOLLOWING WHEN APPLICABLE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

STATE SALES TAX NUMBER \_\_\_\_\_ FEIN/ SEIN \_\_\_\_\_ CA DRIVERS LICENSE \_\_\_\_\_
STATE CONTRACTOR LICENSE NUMBER \_\_\_\_\_ CONTRACTOR EXPIRATION \_\_\_\_\_ SS# /ETN \_\_\_\_\_

This business license application does not authorize you to conduct business! You will be notified via email when your application is approved. At that time, you will be furnished a business license number and a link you may use to tender payment for your business license via the internet.

- If this is a home-based business, you must agree to the Home-Based Business Requirements on the following page.
For applicable zoning regulations and permit requirements or if you plan to change or install a sign for your business, contact the Community Development Department at 909/384-5057.

OFFICE USE ONLY

License # \_\_\_\_\_ Exp. Date \_\_\_\_\_ SIC # \_\_\_\_\_ Charge Code \_\_\_\_\_ Bus. Location \_\_\_\_\_

Zoning Verification Review Required? Yes No Completion Date \_\_\_\_\_

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SUPPLEMENTAL BUSINESS INFORMATION

If your business is located outside of San Bernardino, please 1) check this box
2) skip the supplemental questions and
3) complete the electronic signature section below.

- 1. What is the total square footage your business occupies?
2. Please check all boxes below to indicate business operations which involve: None, Wood Working, Hazardous Processes, Warehouse, Flammable Liquids, Painting
3. Type of business (please check one): Wholesale, Retail, Manufacturing, Professional, Food, Property
4. Previous use of site (please be specific):
5. Number of employees (including self):
6. Please check all boxes below to describe any proposed sale of alcoholic beverages: NONE, On Sale, Off Sale, Beer/Wine, Liquor
7. Landlord/Property owner

PLEASE CHECK THIS BOX IF HOME-BASED BUSINESS IN SAN BERNARDINO

Home-Based Business Requirements (Excerpt from San Bernardino Development Code Chapter 19.54)

Table with 2 columns: 19.54.030 OPERATING STANDARDS and 19.54.040 PROHIBITED HOME OCCUPATION USES. Contains detailed regulations for home-based businesses.

EXECUTED THIS Day DAY OF Month Year I, Print full name
BY SUBMITTING THIS APPLICATION. I ACCEPT THE CONDITIONS & DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

TITLE