



## CITY OF HIGHLAND

### MOBILE VENDOR BUSINESS LICENSE APPLICATION CHECKLIST

|       |                                   |                 |
|-------|-----------------------------------|-----------------|
| _____ | MOBILE VENDOR                     | FEE: \$175.00   |
| _____ | MOBILE WATER USER (if applicable) | FEE: \$120.00   |
| _____ | LIVE SCAN                         | FEE: \$ 34.00   |
| _____ | AB 1379                           | FEE: \$ 4.00    |
|       | <b>TOTAL FEE:</b>                 | <b>\$333.00</b> |

To expedite the licensing process, please make sure that the following items are attached, if applicable. Missing items may delay this process. Please allow 3-4 weeks to process this application, once all information is received.

- \_\_\_\_\_ Copy of ABC License (951) 782-4400 or [www.ABC.ca.gov](http://www.ABC.ca.gov)
- \_\_\_\_\_ Copy of BAR License (800) 952-5210 or [www.smogcheck.ca.gov](http://www.smogcheck.ca.gov)
- \_\_\_\_\_ Copy of AQMD License (800) 888-8838 or (909) 396-2900
- \_\_\_\_\_ Copy of Resale or Wholesale permit. You may need to obtain a seller's permit if you are engaged in business in California and sell merchandise that is subject to sales or use tax. Call the California Department of Tax and Fee Administration at (800) 400-7115 or visit [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov) to inquire about applying for your permit.
- \_\_\_\_\_ Copy of WDID Receipt Letter
- \_\_\_\_\_ Copy of Health Permit 385 N Arrowhead Ave. San Bernardino, CA (909) 387-4323-MUST HAVE Health Permit if business is any of the following: Restaurant/prepackaged food stores/wholesale food manufacturers and distributors/mobile food facilities/commissaries/vending machines/massage clinics/tattooing, body piercing, and permanent cosmetics clinics/apartments/camps/small water systems/liquid waste haulers/medical waste generators/certified farmers markets
- \_\_\_\_\_ Copy of Tobacco License (951) 782-4400 or [www.abc.ca.gov](http://www.abc.ca.gov)
- \_\_\_\_\_ Copy of Electronic/Appliance Repair License (919) 574-2069 or [www.bar.ca.gov](http://www.bar.ca.gov)
- \_\_\_\_\_ Copy of Fictitious Business Name- 222 W. Hospitality Lane- San Bernardino (Any business name that does not include the last name (surname) of the owner, or which implies additional owners such as "Company" or "and Son's")
- \_\_\_\_\_ Copy of Exemption Form and back up documents
- \_\_\_\_\_ Articles of Incorporation or Articles of Organization (if Corp or LLC is checked)
- \_\_\_\_\_ Copy of Current Professional License

#### Office Use Only

- \_\_\_\_\_ Verify all applicable fields are filled out and legible and enter all applicable fields
- \_\_\_\_\_ Verify Fictitious Business Name Statement Requirement
- \_\_\_\_\_ Verify Owner on Lease Agreement is listed as an Owner of property on Gov Clarity
- \_\_\_\_\_ Verify that they either supply Health/Sellers Permit or they sign application section certifying they are not subject to it
- \_\_\_\_\_ Once all departments have approved change status to Active/Issued and send out license in the mail



# CITY OF HIGHLAND MOBILE VENDOR APPLICATION

In order to avoid a delay in processing your application, please provide **all applicable** information, and type or print clearly.

|  |                         |
|--|-------------------------|
| _____ <b>MOBILE VENDOR</b>                     | <b>FEE: \$ 175.00</b>   |
| _____ <b>MOBILE WATER USER (if applicable)</b> | <b>FEE: \$ 120.00</b>   |
| _____ <b>LIVE SCAN</b>                         | <b>FEE: \$ 34.00</b>    |
| _____ <b>AB 1379</b>                           | <b>FEE: \$ 4.00</b>     |
|  | <b>TOTAL: \$ 333.00</b> |

DBA Business Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Mailing address:**

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

Type of Business: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corp  
 \_\_\_\_\_ LLC \_\_\_\_\_ Charitable \_\_\_\_\_ Other

**Owner or Principal Officer(s):**

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

**Company Information**

Type of business being conducted: \_\_\_\_\_  
 # of employees: \_\_\_\_\_  
 Identify SIC Code\*: \_\_\_\_\_  
 SIC Description: \_\_\_\_\_

\*Standard Industrial Classification (SIC) Code information can be found at <https://www.osha.gov/pls/imis/sicsearch.html>

Resale Permit #: \_\_\_\_\_ Professional License # \_\_\_\_\_  
 Sign here to certify not subject to Resale Permit: \_\_\_\_\_ Type/Issuer & Exp Date: \_\_\_\_\_  
 Other Permit/license: \_\_\_\_\_ NPDES WDID #: \_\_\_\_\_

I declare, under penalties of Perjury, by signing as (one of) the owner(s)/Principal Officer(s) listed below, that this application, including attachments, have been examined by me, as well as the property owner(s), and to the best of my knowledge believe to be true, accurate and complete of all facts. I further certify that the above business will be conducted in compliance with the applicable provisions of The City of Highland Municipal Codes & Ordinances, including State and Federal laws. In addition, I assume responsibility to renew this business license on an annual basis and pay the renewal fees on time. I understand that I will be subject to late fees, additional administrative charges, and/or have the business license revoked due to non-compliance of the conditions set forth by the City of Highland. I also agree to notify the City of Highland of any and all changes in business status relating to this application. As a courtesy, the City will send you a renewal notice. If you do not receive the notice, it is your responsibility to pay by the due date to avoid penalties. The applicant has up to 90 days to comply with the application process and the renewal process. If you do not meet this time period, your business license will be closed. You may reapply and pay all associated fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

X \_\_\_\_\_ X \_\_\_\_\_  
 Public Services Planning  
 X \_\_\_\_\_  
 Code Enforcement