



CITY OF HIGHLAND

BOOTH RENTAL BUSINESS LICENSE APPLICATION CHECKLIST

_____ APPLICATION FEE	\$65
_____ AB 1379 (State Fee)	\$4
TOTAL	\$69

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.

- _____ Sub lease from Salon or Store Owner (**Required**)
- _____ Cosmetology License and/or Establishment License (**Required**)
- _____ 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 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 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")
- _____ 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 sub lease is listed as an Owner of property on Gov Clarity
- _____ Verify that they either supply Sellers/Health 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



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CITY OF HIGHLAND
BOOTH RENTAL BUSINESS LICENSE APPLICATION

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

BOOTH RENTAL APPLICATION	\$65
AB 1379 (State Fee)	\$4
TOTAL FEES DUE:	\$69

DBA Business Name _____
 Business Name: _____
 Establishment Name: _____
 Business Address: _____
 City, State, Zip: _____
 Business Phone: _____
 Email Address: _____

Mailing address if different from business address:
 Mailing Address: _____
 City, State, Zip: _____

Type of Business: _____ Sole Proprietor _____ Partnership _____ Corp
 _____ LLC _____ Charitable _____ Other

Type of business being conducted: _____
 Identify SIC Code*: _____
 SIC Description: _____

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

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
Phone # _____	Phone # _____

Resale Permit #: _____	Professional License #: _____
Sign here to certify not subject to Seller's Permit: _____	Class/Issuer: _____
Health Permit #: _____	Expiration Date: _____
Sign here to certify not subject to Health Permit: _____	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.

Signature: _____ Date: _____

OFFICE USE ONLY

First () _____	Third _____	Finance _____
Zoning _____	_____	1. Confirm prop. owner in Gov.Clarity
Planning Approval _____	_____	2. Enter all applicable fields
Date _____	_____	3. Enter applicable lic. and exp. dates
Second _____	_____	4. Enter Approvals
Public Services Approval _____	_____	
Date _____	_____	

City of Highland, 27215 Base Line, Highland, CA 92346 (909) 864-6861