



1142 S. Diamond Bar Blvd #502  
Diamond Bar, CA 91765



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11600 Air Expressway  
Adelanto, CA 92301  
Phone: (760) 246-2300

## Starting a Business in the City of Adelanto?

### Great!

*The City of Adelanto would like to welcome you to its business community. We know that starting a new business can be exciting and challenging. We wish you great success in your new venture!*

*To operate any business within the City of Adelanto you must first obtain a business license. For your convenience we have included a business license application along with a list of some of the additional resources and requirements that you may need to consider when applying for your business license.*

*The City of Adelanto has contracted with The HdL Companies to provide assistance to the business community for all of their business licensing needs. The Business Support Center offers extended telephone support hours via their toll free telephone number as well as email contact options.*

*You may contact the Business Support Center for your entire business license needs anytime Monday through Friday from 8am to 5pm at:*

- Toll-Free: 888-602-0239
- E-mail: [businesstax@hdlcompanies.com](mailto:businesstax@hdlcompanies.com)



The City of Adelanto is committed to encouraging business development and economic growth in the city. The City welcomes new businesses and strives to provide information to assist their success.

To operate any business within the City of Adelanto you must first obtain a business license. Thank you for taking the first step in completing this process. Listed below is some additional information that might be helpful when obtaining your City of Adelanto Business License.

### **ADDITIONAL INFORMATION & RESOURCES**

**APPROPRIATE ZONING:** Before beginning the process, make sure the type of business is compatible with the existing zoning for your proposed site. Provide the Assessor's Parcel Number or street address of the property to the Planning Department to check the zoning before starting the process. You may contact the Planning Department at **(760) 246-2300 x 3028**.

**SELLER'S PERMIT – State Board of Equalization (BOE):** All businesses selling tangible personal property, at wholesale or retail in the city must contact the State Board of Equalization at **(951) 680-6400 or (800) 400-7115** or <http://www.boe.ca.gov>. If you are moving a business from another area, or are opening a branch establishment in Adelanto, please be advised that a separate certificate must be issued for posting at the Adelanto location.

**FICTITIOUS BUSINESS NAME STATEMENT:** California Business and Professions Code requires fictitious business name statement be filed for the principle place of business in the State of California if your business is operated under a fictitious business name <http://www.sbcounty.gov/arc/fbninfo.htm>. This statement must be recorded with the San Bernardino County Clerk at <http://www.co.san-bernardino.ca.us> and published in a newspaper within the same county. This may be done through a newspaper that has a local distribution in the county in which the principle place of business is located. Please provide our office with proof of publication in the newspaper. This requirement will not apply if the business is conducted under a corporate name or listed in the corporate articles for same. San Bernardino County Clerk's office is located at 222 W. Hospitality Lane, San Bernardino, Ca 92415 **(855) 732-2575**.

**HEALTH PERMIT:** Approval is required by the San Bernardino County Environmental Health Department at <http://www.sbcounty.gov/dehs> for any business involved in the handling of food, or for any business that has a pool, spa or Jacuzzi for public use. You may contact them at **(909) 948-5060 for initial Plan Check Inspections**, or for all other matters, contact the Hesperia office at 15900 Smoke Tree Street, Suite 131, Hesperia, CA 92345 at **(760) 995-8140**.

**FIRE INSPECTION:** Call **(760) 995-8190** to schedule inspection for Commercial and Industrial businesses in the city. The San Bernardino County Fire Marshall's office is located at 15900 Smoke Tree Street, Suite 131, Hesperia, CA 92345.

**BUILDING INSPECTION:** After you have completed the Fire Inspection with the San Bernardino County Fire Department for your Commercial or Industrial location, please visit the City of Adelanto's Building and Safety Department to schedule a City inspection for your business location. The Building and Safety Department is located at 11600 Air Expressway, Adelanto, CA 92301.

**BUSINESS LICENSE:** Anyone conducting business within Adelanto City limits must obtain a business license. The annual business license fees vary according to the type of business. To apply for a license or make inquiries about the business license process you may contact the Business Support Center at 888-602-0239 or by email at: [businessstax@hdlcompanies.com](mailto:businessstax@hdlcompanies.com)



**CITY OF ADELANTO**  
**C/O BUSINESS SUPPORT CENTER**  
 1142 S Diamond Bar Blvd #502 • Diamond Bar, CA 91765  
 (888)602-0239 • www.ci.adelanto.ca.us • businesstax@hdlcompanies.com

*Please Check One*

New Business License  
 Address Change  
 New Location  
 Ownership Change  
 Renewal-Exp. Date \_\_\_\_\_  
 Home Occupation

**BUSINESS LICENSE APPLICATION**

**Business Location and Information - All fields are required**

<b>Business Name</b> _____	<b>Resale No.</b> _____
<b>Corporate Name</b> (if applicable) _____	<b>Federal ID No.</b> _____
<b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>	<b>State ID No.</b> _____
<b>Phone No.</b> _____ <b>Fax No.</b> _____ <small>City State Zipcode</small>	<b>State Lic. No.</b> _____
<b>Email Address</b> _____	<b>State Lic. Type</b> _____
<b>Description of Business</b> _____	<b>Expire Date</b> _____

**Mailing Address - Required**

**Mailing Address** \_\_\_\_\_  
City State Zipcode

**Owner Type - Select one that applies**

Sole Owner \_\_\_\_\_ LLP \_\_\_\_\_  
 Partnership \_\_\_\_\_ LLC \_\_\_\_\_  
 Corporation \_\_\_\_\_ Non-Profit \_\_\_\_\_  
 Other: \_\_\_\_\_

**Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet if necessary) - Required**

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_  
(Cannot be P.O. Box) City State Zipcode

**Home Phone No.** \_\_\_\_\_ **Cell / Pager No.** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_  
(Cannot be P.O. Box) City State Zipcode

**Home Phone No.** \_\_\_\_\_ **Cell / Pager No.** \_\_\_\_\_ **Soc. Sec. No.** \_\_\_\_\_

**In case of emergency, please contact (attach additional sheet if necessary)**

**Contact Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Address** \_\_\_\_\_ **Cell / Pager No.** \_\_\_\_\_

**Alarm Company (if applicable)**

**Company Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

<b>No. of Employees</b>	#	_____
<b>No. of Units</b>	#	_____
<b>No. of Vehicles</b>	#	_____
<b>Bus. Tax (Current Year)</b>	+	_____
<b>SB-1186</b>	+	\$1.00
<b>Other</b>	+	_____
<b>TOTAL AMOUNT DUE</b>	=	_____

I hereby certify under penalty of perjury that the above information is correct and I am authorized representative of this business. I understand that this application does not license me to operate until I have fulfilled all requirements of the Adelanto Municipal Code. I agree to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

**THIS IS NOT A BUSINESS LICENSE**  
**DO NOT OPERATE UNTIL A VALID LICENSE HAS BEEN ISSUED**

**Thank you for doing business in the City of Adelanto!**

\_\_\_\_\_ Print Name/Title

\_\_\_\_\_ Signature

\_\_\_\_\_ Date

**RETURN COMPLETED RENEWAL NOTICE & MAKE CHECK PAYABLE TO:**  
 City of Adelanto • Attn: Business Support Center  
 1142 S Diamond Bar Blvd #502 • Diamond Bar, CA 91765

**FOR OFFICIAL USE ONLY**

BUILDING & SAFETY	By: _____	Date: ____/____/____
BUSINESS LICENSE	By: _____	Date: ____/____/____
CODE ENFORCEMENT	By: _____	Date: ____/____/____
FIRE DEPT	By: _____	Date: ____/____/____
POLICE DEPT	By: _____	Date: ____/____/____
PLANNING DEPT	By: _____	Date: ____/____/____
_____	By: _____	Date: ____/____/____

**Zoning** \_\_\_\_\_ **TUP** \_\_\_\_\_ **CUP** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business License No.** \_\_\_\_\_ **Date Received** \_\_\_\_\_

**Receipt #** \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **Cash** \_\_\_\_\_ **Credit Card** \_\_\_\_\_ **Check #** \_\_\_\_\_

**FOOD / ALCOHOL - Required if applies**

Do you plan to sell or serve food? *(Including pre-packaged)* Yes No  
If yes, Health Permit No: \_\_\_\_\_

Do you plan to sell alcoholic beverages?Á Yes NoÁ  
If yes, ABC Permit No: \_\_\_\_\_Á

**HAZARDOUS MATERIALS / MEDICAL WASTE - Required if applies**

Will you use, store, or transport chemicals *(new or waste state)?* Yes NoÁ

Will you manage or produce biohazardous material or waste?Á Yes NoÁ

**VEHICLE INFORMATION - Required if applies**

TYPE OF VEHICLE	LICENSE PLATE NO.	VEHICLE IDENTIFICATION NO.	COLOR	YEAR	MAKE	MODELÁ
1.Á						
2.Á						
3.Á						
4.Á						
5.Á						

Insured: Yes No Insurance Name:Á \_\_\_\_\_  
Insurance Policy No.:Á \_\_\_\_\_

Vehicle Owner:Á \_\_\_\_\_

**RENTAL UNIT INFORMATION**

STREET ADDRESS	CITY	STATE	ZIP CODE	TOTAL # OF UNITSÁ
1.Á				
2.Á				
3.Á				
4.Á				
5.Á				

On September 19, 2012, Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase 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, as specified.

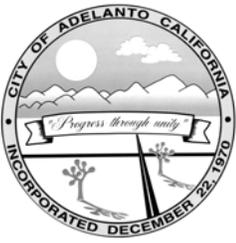
Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: *\*Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx), \*Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov), \*California Commission on Disability*

RIGHT THUMBPRINT  
OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT  
OF SIGNER #2

Top of thumb here



# City of Adelanto

Community Development Department

## NEW BUSINESS REVIEW / TENANT IMPROVEMENT

DEPOSIT	\$100.00*
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\*This is not the business license, contact the Business Support Center at (888)602-0239 for fee information.

**PROCESSING COSTS:** The City operates on the basis of full cost recovery for the processing of planning projects. Deposits made at the time of application are projected to be sufficient for the processing of applications, however, additional deposits may be required to cover the costs for review of projects. If at any time deposits are insufficient to cover projected costs, processing of the project will be stopped until sufficient additional funds are deposited with the City. Lack of sufficient funds on deposit will suspend any required processing time frames.

Applicant/Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Owner /Contact Person: \_\_\_\_\_ Company: \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

**Business/Project Address:** \_\_\_\_\_ Acreage (if applicable): \_\_\_\_\_

Assessor's Parcel No(s): \_\_\_\_\_

**Complete Project Description/Reason for Request:** If necessary, attach a detailed description to explain all proposed uses for this property or project.

\_\_\_\_\_  
\_\_\_\_\_

To determine parking requirements for your project, please list all proposed uses associated with your project and the amount of square feet dedicated to each use.

Proposed Use: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Proposed Use: \_\_\_\_\_ Square Feet: \_\_\_\_\_

### HAZARDOUS WASTE SITE CERTIFICATION

(Required pursuant to Section §65962.5 (f) of the California Government Code)

The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Adelanto, dated \_\_\_\_\_ **(must be filled in)**, and the project **is/is not** **(circle one)** located on a site included on the list of hazardous waste sites for the City of Adelanto.

**Air Quality/Hazardous Materials Certification:** (Required pursuant to Section §65850.2 of the California Government Code)

1. The applicant/owner hereby certifies that the project **will/will not** **(circle one)** need to comply with the requirements for a permit for construction or modification from the Mojave Desert Air Quality Management District, 14306 Park Avenue, Victorville, CA 92392, (760) 245-1661.

2. The applicant/owner hereby certifies that the project **will/will not (circle one)** have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.)
3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known.
4. The project **is/is not (circle one)** located within one-quarter (1/4) mile of a school.

**NOTE:** Plan review, permits, and inspections are also required from Engineering and Building and Safety prior to occupancy of the proposed project or business license.

**Please initial the following information indicating your understanding of them:**

\_\_\_\_\_ This application is for Planning Department Approval ONLY. Other department approval is required; please inquire with the Business License Department for separate approvals.

\_\_\_\_\_ Planning Department review for the Business License will take approximately one (1) to two (2) weeks, however it may take longer to process.

\_\_\_\_\_ A site plan and/or current pictures of the site may be required.

\_\_\_\_\_ Signage requires a separate application through the Planning Department for review and approval.

\_\_\_\_\_ I understand the information regarding deposits for processing costs.

**Certification:** I hereby certify that I understand the information regarding deposits for processing costs, information, and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct. The property owner further certifies that they are the legal owner of the property and consent to the application.

\_\_\_\_\_  
Applicant's Signature                      Date

\_\_\_\_\_  
Property Owner's signature                      Date

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Property Owner's Printed Name

**For Office Use Only**

General Plan \_\_\_\_\_ Zoning \_\_\_\_\_ Permitted Use/Conditional Use \_\_\_\_\_

Specific Plan Designation (if applicable) \_\_\_\_\_ Consistent \_\_\_\_\_

Associated Case(s): \_\_\_\_\_

Setbacks: Required: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

                    Provided: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

Additional Parking Spaces Required \_\_\_\_\_ Provided \_\_\_\_\_ Paved Access \_\_\_\_\_

Architectural Compatibility: Roofing Material \_\_\_\_\_ Eaves \_\_\_\_\_ Colors \_\_\_\_\_

Compatible to Existing Buildings on Site \_\_\_\_\_

Compatible to Surrounding Properties \_\_\_\_\_

Environmental Considerations: CEQA Exemption \_\_\_\_\_

*\*If the project is not exempt, an Initial Study or Environmental Impact Report will be required to identify potentially significant impacts\**

Additional Comments/Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This project has been:

**APPROVED**

**DENIED**

By \_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

TITLE: \_\_\_\_\_

DATE \_\_\_\_\_