



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 • businessstax@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.

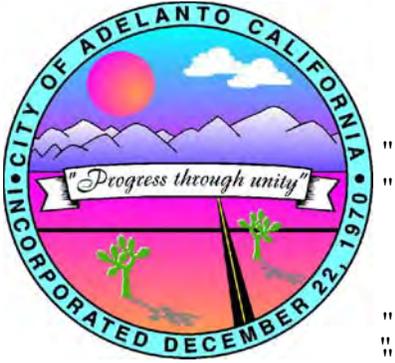
Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access 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 & Economic Development Department

## Home Occupation Permit

"  
"  
INSTRUCTIONS TO APPLICANT  
"

The applicant must complete the attached form as prescribed, and all of the following information must be attached before it can be accepted for filing by the Planning Department.

"  
Application Deposit of \$95 – Checks should be made payable to City of Adelanto. The appeal fee is \$95. No refunds.  
"

**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.**  
"

"  
PROCEDURE BY PLANNING DIRECTOR  
"

The Planning Director will review all requests and determine if the proposed home occupation meets all requirements of Chapter 17.95 of the Adelanto Municipal Code, entitled "Home Occupation Permits."  
"

"  
ADDITIONAL INFORMATION  
"

**17.95.020 Permitted Home Occupation Uses**  
"

(a) Home Occupations are uses that generally do not interrupt or interfere with the general nature or residential character of the residential neighborhood. The following uses are permitted home occupations:  
"

- (1) Architectural services;
- (2) Art restoration;
- (3) Art studio;
- (4) Catering service (one vehicle only);
- (5) Consulting services;
- (6) Contracting (administrative office only);
- (7) Computer programming;
- (8) Day Care/Babysitting (six [6] or fewer children)
- (9) Data processing;

## APPLICATION FOR HOME OCCUPATION PERMIT

- (10) Direct sale product distribution (Amway, Avon, Jaffra, Tupperware, Herbalife, etc.);
  - (11) Drafting and graphic services;
  - (12) Dressmaking, sewing, tailoring, contract sewing (one sewing machine, no assembly);
  - (13) Engineering service;
  - (14) Financial planning;
  - (15) Flower arranging;
  - (16) Home crafts (including ceramics with kiln up to six (6) cubic feet; silk screening. However, storage of flammable or hazardous materials is prohibited. Proposed materials are subject to the review and approval of the Adelanto Fire Department);
  - (17) Home photographer;
  - (18) House cleaning service;
  - (19) Insurance sales or broker;
  - (20) Interior design;
  - (21) Jewelry making; jeweler (storage of flammable or hazardous materials is prohibited. Proposed materials are subject to the review and approval of the Adelanto Fire Department);
  - (22) Laundry; ironing service;
  - (23) Locksmith;
  - (24) Mail order (not including retail sales from site);
  - (25) Private investigator;
  - (26) Sales representative (administrative office only);
  - (27) Swimming pool cleaning (storage of flammable or hazardous materials is prohibited. Proposed materials are subject to the review and approval of the Adelanto Fire Department);
  - (28) Telephone answering, switchboard, call forwarding;
  - (29) Typing, word-processing service;
  - (30) Writing.
- (b) Any business or home occupation not specifically described above or subsequently authorized by the Planning Director or Planning Commission shall be prohibited.
- (c) If a resident believes that his/her proposed Home Occupation is similar to those described above and would not violate any performance standard established herein, the resident may apply for a determination by the Planning Director that the proposed Home Occupation is consistent with the provisions of this Chapter. If the Planning Director concurs with the applicant, the Planning Director shall approve the application and issue the permit. If the Planning Director does not believe the proposed Home Occupation is consistent with those home occupations described in this Chapter or that it violates one or more performance standards, the Planning Director shall deny the permit. The denial of the permit by the Planning Director shall be subject to appeal first to the Planning Commission and then to the City Council.

**APPLICATION FOR HOME OCCUPATION PERMIT**

CASE NO. \_\_\_\_\_ DATE FILED \_\_\_\_\_

Total Fees Paid \_\_\_\_\_ Receipt No. \_\_\_\_\_

Name of Applicant		Phone	
Address			
City	State	Zip Code	
Name of Representative		Phone	
Address			
City	State	Zip Code	

[Applicant must be the owner of the land, the lessee having a leasehold interest of not less than three (3) years, or the agent of the foregoing, duly authorized in writing.]

I/We the undersigned owner , lessee  or agent  of the property described below, hereby request that the Planning Director action identified above occur on property located at \_\_\_\_\_

between \_\_\_\_\_ (St., Ave., Rd.)

and \_\_\_\_\_ (St., Ave., Rd.) in a \_\_\_\_\_ Zone.

The EXACT CURRENT legal description of said property is: (the legal description may be given as tract lots, including Section, Township, and Range, or it may be described by metes and bounds with a point of beginning that can be identified on the City Engineer's maps).

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Assessors Parcel No. \_\_\_\_\_

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Signature: _____ Date: _____
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**APPLICATION FOR HOME OCCUPATION PERMIT**

3. Why do you feel your business is more appropriate as a home occupation, rather than required to locate at a commercial address?

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4. How long do you propose to operate your business as a home occupation?

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5. Explain how your business, if similar to an established commercial business, should be able to operation under a Home Occupation Permit.

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**APPLICATION FOR HOME OCCUPATION PERMIT**

6. In reviewing and acting upon an application for a Home Occupation Permit the Director must determine the applicant's ability to meet the following requirements. Please initial the following criteria indicating your understanding of them.

- \_\_\_\_\_ All businesses and Home Occupations shall obtain and have renewed annually a Business License through the City of Adelanto.
- \_\_\_\_\_ Home Occupation uses shall be incidental to the primary use of the structure as a residential use and shall not detract from the residential character of the neighborhood. No more than five hundred (500) square feet of the floor area of the dwelling unit may be used in connection with a Home Occupation or for storage purposes in connection with a Home Occupation.
- \_\_\_\_\_ Only individuals permanently residing on the premises shall be employed in the Home Occupation.
- \_\_\_\_\_ There shall be no exterior indication of the home occupation or variation from the residential character of the principal building.
- \_\_\_\_\_ There shall be no exterior operations, storage, or display of materials to be used in conjunction with a Home Occupation.
- \_\_\_\_\_ There shall be no signs, banners, or flags displayed which would be visible from outside the dwelling unit.
- \_\_\_\_\_ There shall be no process, procedure, substance, or chemical used which is hazardous to public health, safety, morals, or welfare.
- \_\_\_\_\_ Visitors, customers, or deliveries associated with the permitted home occupation use shall not shall not exceed a five (5) trips per day.
- \_\_\_\_\_ No home occupation activity shall produce noxious matter, vibrations, glare, dust, electrical interference, or perceptible noise beyond the lot line.
- \_\_\_\_\_ No advertisement shall be placed in any media containing the address of the property.

**APPLICATION FOR HOME OCCUPATION PERMIT**

7. The following statement must be signed in front of a Notary and original Notary acknowledgement attached to this document, or signed in front of Planning Staff.

I/We \_\_\_\_\_  
 (Please Print)

being first duly sworn, each for himself or herself, deposes and says that I/we am/are the owner(s) /lessee /agent  of the property involved in this application and that the foregoing statements herein contained and the information herein submitted, are in all respects true and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_  
 (if different from owner)

Signature of Owner:					
Mailing Address:					
City		State		Zip Code	
Phone (H)			Phone (W)		

**APPLICATION FOR HOME OCCUPATION PERMIT**

LETTER OF AUTHORIZATION  
IF APPLICANT OTHER THAN PROPERTY OWNER

I, \_\_\_\_\_, as owner(s) of property identified as Assessor's Parcel  
Property Owner(s)

No(s). \_\_\_\_\_ and/or Tract/Parcel Map \_\_\_\_\_, Parcel/Lot

No. \_\_\_\_\_ do hereby authorize \_\_\_\_\_ to represent me  
Authorized Agent

as agent in seeking approval of the following project(s): \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_  
Property Owner(s)

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

Signed \_\_\_\_\_  
Authorized Agent

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

NO APPLICATION FROM AN INDIVIDUAL OTHER THAN THE PROPERTY OWNER  
WILL BE ACCEPTED UNLESS THIS DOCUMENT, OR A SIMILAR DOCUMENT, IS  
COMPLETED, SIGNED AND SUBMITTED AS PART OF THE PROJECT APPLICATION.