

**Incompletion of the Application  
will cause a delay in processing.**



**City of Tustin  
Business License Application  
300 Centennial Way  
Tustin, CA 92780  
714-573-3144 FAX 714-573-3129**

Business Name\* \_\_\_\_\_  
\*(If other than surname, include a copy of your approved Fictitious Business Name statement filed with the County Clerk.)

Business Address \_\_\_\_\_ Suite Number \_\_\_\_\_  
(Use of Post Office or commercial mailbox for business address is a misdemeanor.)

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

Mailing Address \_\_\_\_\_ Suite No. \_\_\_\_\_

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

Business Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Seller's Permit No. \_\_\_\_\_ Your E-mail Address \_\_\_\_\_  
(If City of Tustin address, include copy of seller's permit showing Tustin location.)  
WEB SITE \_\_\_\_\_

Nature and Type of Goods Sold: \_\_\_\_\_ Number of Employees at this location \_\_\_\_\_

**If you are a landlord, provide a tenant roster.**

Business Activity (Please be specific) \_\_\_\_\_

Business Type (check one)

- Sole Ownership / Independent Contractor / Partnership**  
 **Corporation** / Corporate Identification No. \_\_\_\_\_ (located on Articles of Incorporation) State \_\_\_\_\_  
 **LLC** Identification No. \_\_\_\_\_ State \_\_\_\_\_

State Employer Identification No. \_\_\_\_\_ Federal Identification No. \_\_\_\_\_

Tax and Revenue Code requires taxpayer identification, complete the following. If Corp/LLC, use Officer.

**RESIDENCE ADDRESS OF RESPONSIBLE PARTY IS REQUIRED.**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**If partnership, name partner below:**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Emergency Phone \_\_\_\_\_

**Approximate Date of the Start of this business at this location in the City of Tustin** \_\_\_\_\_

I hereby declare, under penalty of perjury, that the foregoing information is true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required and to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession. **In addition, my signature serves to verify that I have been informed that this license renewal is due every January 1<sup>st</sup> and delinquent if not paid by the first day of February in any year in which business is conducted in the City of Tustin.**

Signature \_\_\_\_\_ Printed Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**SEE TAX SCHEDULE ENCLOSED. MAKE CHECKS PAYABLE TO THE CITY OF TUSTIN.**

ANY BUILDING CONSTRUCTION OR SIGN INSTALLATION WILL REQUIRE A BUILDING DEPARTMENT PERMIT.

OFFICE USE ONLY		PLNG	BLDG	WATER	FIRE	LETTER	RECEIPT OF FEES COLLECTED			
ZONING	INITIALS									904
	DATE						AMOUNT	CHECK #	DATE	INITIAL

**ANY VIOLATION OF THE TUSTIN CITY CODE AND/OR MISREPRESENTATION, FALSE, MISLEADING, OR INCOMPLETE ANSWERS ON THIS FORM MAY CAUSE THIS APPLICATION TO BE DENIED OR RESCINDED. FEES ARE NOT REFUNDABLE.**

Business Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Approximate Square Footage of Business \_\_\_\_\_

Business Location \_\_\_\_\_

FILL IN THE PERCENTAGE OF EACH BUSINESS USE THAT APPLIES (BASED ON SQUARE FOOTAGE)—BASED ON 100 PERCENT, WHAT COMPRISES YOUR BUSINESS ACTIVITY. NUMBERS SHOULD ADD UP TO 100.

_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
<b>Office</b>	<b>Warehouse</b>	<b>Industrial/R&amp;D</b>	<b>Retail</b>	<b>Wholesale</b>	<b>Service</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your business address also your home address? If Yes, please complete the supplemental home occupation questionnaire.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate a social club, dating service, or escort service?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide and/or arrange live entertainment?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide, arrange and/or produce adult entertainment and/or sell or rent adult oriented material?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide billiards, pool, bagatelle, bowling alleys, or more than five (5) pinball or electronic games?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your firm a private patrol service?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does a patrol service work for you? Name and address of service: _____			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business have a security alarm system? Name and address of alarm company: _____			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide massage therapy or operate a bath, sauna bath, or massage establishment?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business sell, manufacture, or have mail order adult books, lingerie, toys, or novelties?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate an antique store or business that buys or sells used items? If Yes, please complete the supplemental used merchandise affidavit.			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate a business that involves pawn?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate a business that involves brokering, buying, selling, or trading automobiles or other motorized vehicles, whether running or not?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any merchandise be displayed outside the building?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business sell beer, wine, and/or other alcoholic beverages?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you sell firearms?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you adding or removing any doors, windows, walls, or partitions?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you modifying, adding, or removing any plumbing, mechanical, or electrical system?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any accessory sheds, canopies, awnings, or other exterior structures be installed for this business?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be constructing any signs (temporary or permanent) outside the building?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be storing any materials outside the building?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be storing any commercial vehicles, tools, or equipment on-site?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have any aboveground or underground tanks?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will water be used in your manufacturing or processing?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business involve cooking on a commercial stove or fryer?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you installing a new commercial hood or fire protection system?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the business provide training or classes at your business location to anyone not employed by the business?			

**If renting a building, office, or space, to whom will or do you pay rent?** \_\_\_\_\_

Owner/Management Company Name

(\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

When does or will your current lease end? \_\_\_\_\_

How many units do you or will you lease at this location? \_\_\_\_\_

Yes  No Will you be sharing this location with another business?

**Your business location will be checked by the zoning, building, water, police, and fire departments. If you have any doubt that your business location, activity, and/or building does not conform with the requirements of the Municipal Code, please contact these departments for further information before filing this application or entering into a Lease Agreement.**

I understand that this application and payment of tax does not license me to operate until I have fulfilled all the requirements of the Tustin Municipal Code.

I hereby certify under penalty of perjury that I have read and understand the above statements.

I hereby agree to obtain all necessary City permit(s) when a permit is required.

Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

Date \_\_\_\_\_

Driver's License No. \_\_\_\_\_



## FIRE AUTHORITY PERMIT SCREENING QUESTIONNAIRE

Please answer **all** of the following questions:

AGREE	YES	NO	
	<input type="checkbox"/>	<input type="checkbox"/>	• AEROSOL PRODUCTS (storage in excess of 500 pounds net weight)
	<input type="checkbox"/>	<input type="checkbox"/>	• ASSEMBLY OCCUPANCY (50 or more people gathered for drinking, dining, education, religion, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	• AUTOMOBILE WRECKING YARD
	<input type="checkbox"/>	<input type="checkbox"/>	• BATTERY SYSTEMS/STORAGE/CHARGING
	<input type="checkbox"/>	<input type="checkbox"/>	• COMBUSTIBLE FIBER STORAGE 100 cubic feet (includes fibrous materials such as cotton, baled wastepaper, straw, spanish moss, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	• COMBUSTIBLE MATERIAL STORAGE 2500 cubic feet (empty packing cases, boxes, barrels, rubber or cork, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	• DRY CLEANING OPERATIONS
	<input type="checkbox"/>	<input type="checkbox"/>	• DUST PRODUCING OPERATIONS (wood working, milling grinding, pulverizing, grain elevator, flour mill, etc.)
	<input type="checkbox"/>	<input type="checkbox"/>	• GARAGE, MOTOR VEHICLE SERVICE/REPAIR OR FUEL-DISPENSING STATION
	<input type="checkbox"/>	<input type="checkbox"/>	• HAZARDOUS MATERIALS (see Attachment A for list; a hazardous material is <u>any</u> chemical which is required to have a material safety data sheet (MSDS), including petroleum products)
	<input type="checkbox"/>	<input type="checkbox"/>	• HIGH PILED COMBUSTIBLE STORAGE (top of storage is greater than 12 feet or 6 feet for plastics, tires and flammable liquids.
	<input type="checkbox"/>	<input type="checkbox"/>	• INSTALLATION OF ABOVE OR BELOW GROUND TANK, PERMANENT OR TEMPORARY
	<input type="checkbox"/>	<input type="checkbox"/>	• LIQUIFIED PETROLUUM GAS
	<input type="checkbox"/>	<input type="checkbox"/>	• MATCHES (manufacture or store in excess of 14,400 individual matches)
	<input type="checkbox"/>	<input type="checkbox"/>	• MEDICAL GAS INSTALLATION
	<input type="checkbox"/>	<input type="checkbox"/>	• OVENS, INDUSTRIAL BAKING OR DRYING (equipment used to dry or bake goods other than food products)
	<input type="checkbox"/>	<input type="checkbox"/>	• REFRIGERATION EQUIPMENT (fixed system in which a refrigerant is circulated for the purpose of extracting heat)
	<input type="checkbox"/>	<input type="checkbox"/>	• SPRAYING OR DIPPING OPERATIONS (flammable or combustible liquids applied with a sprayer or used in tanks)
	<input type="checkbox"/>	<input type="checkbox"/>	• TIRE STORAGE (500 square feet or more) or tire recapping
	<input type="checkbox"/>	<input type="checkbox"/>	• WELDING AND CUTTING OPERATIONS
<input type="checkbox"/>			This is a "Spec" building. I do not know what operations will be conducted.
<input type="checkbox"/>			I will <u>not</u> conduct any of the above operations or use, store, handle, or display any hazardous materials/chemicals in the operation of my business.
			* NOTE: An OCFA Chemical Classification Packet may be required with the plan. Call (714) 573-6100 for a copy of the packet.

	YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Will you or the future building occupant store, use or handle hazardous materials/chemicals in quantities equal to or greater than 55 gallons of liquid, 500 pounds of solid or 200 cubic feet of compressed gas at any one time?
2.	<input type="checkbox"/>	<input type="checkbox"/>	Will you or the future building occupant store, use or handle <u>any</u> amount of DOT Division 1.1, 1.2 or 1.3 explosive, highly toxic material, commercial grade pesticide or fertilizer, or unsealed radioactive isotope (see definitions in Attachment B)?
3.	<input type="checkbox"/>	<input type="checkbox"/>	Will you or the future building occupant store, use or handle <u>any</u> amount of carcinogen or any chemical with a component that is a carcinogen as defined by California law (list available—call Fire Authority/HMSS at 714 578-6250)?
4.	<input type="checkbox"/>	<input type="checkbox"/>	Will you or the future building occupant store, use or handle any Extremely Hazardous Substance/Regulated Substance, as defined by California law (list available—call Fire Authority/HMSS at 714 573-6250)?
5.	<input type="checkbox"/>	<input type="checkbox"/>	If you or the future building occupant will be handling any Extremely Hazardous Substance/Regulated Substance, will the business be located within 1,000 feet of the outer boundary of a school, general acute care hospital or long-term health care facility?
6.	<input type="checkbox"/>	<input type="checkbox"/>	You must complete Attachment C, page 5. Did you answer "yes" to any question on Attachment C? SCAQMD permit required.
7.	<input type="checkbox"/>	<input type="checkbox"/>	Will you be generating hazardous waste at your facility? Hazardous Waste Generator Program
8.	<input type="checkbox"/>	<input type="checkbox"/>	Will you be treating hazardous waste on-site? Tiered Permit Hazardous Waste On-Site Treatment
9.	<input type="checkbox"/>	<input type="checkbox"/>	Will you be operating underground tanks for the storage of hazardous substances? Underground Storage Tank Program
10.	<input type="checkbox"/>	<input type="checkbox"/>	Will you be operating aboveground storage tanks for storage of petroleum products? Aboveground Petroleum Storage Act Spill Prevention, Control & Countermeasure Plans
<p>A "Yes" answer to questions 1, 2, 3, 4, or 5 requires you to complete a Hazardous Materials Disclosure Chemical Inventory and Business Emergency Plan — Contact the Orange County Fire Authority at (714) 573-6250 to request this packet. A "Yes" answer to question 6 requires you to contact the SCAQMD at 1-800-288-7664 for permit information. A "Yes" answer to questions 7, 8, 9, 10 requires you to contact the Orange County Certified Unified Program Agency at (714) 677-3600 and ask for the CUPA Division.</p>			

The owner or his/her authorized agent is **responsible** to ensure that **all occupants, present and future**, comply with the reporting and storage, use and handling requirements for any processes/materials described above.

**Note:** A "No" answer to any of the above questions may subject your business to on-site verification by the Orange County Fire Authority. Failure to properly disclose your usage of hazardous materials may result in civil or criminal action being taken against you.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or authorized agent

\_\_\_\_\_  
Print Name and Title

EXHIBIT B

COMMUNITY DEVELOPMENT

1. BUSINESS LICENSE TAX FEES

Every person who engages in business within the City or Tustin and/or has an established place of business within the City limits shall pay a license tax based upon the gross receipts of business done within the City, unless otherwise specified in the City Code (see enumerated business below). Gross receipts shall be based on the prior years' receipts, or in the case of a new business, calculated on current year's estimates.

Payment of business license fee and/or approval of business license does not waive or preclude any other licenses or permits required by Tustin City Code. The license tax period is calendar year January 1 through December 31. Pro-rated fees for new businesses are effective April 1, July 1 and October 1. For failure to pay the license tax when due, a penalty will be added of twenty five percent (25%) of such license tax on the last day of each month after the due date thereof, provided that the amount of such penalty shall not exceed one hundred percent (100%) of the amount of the license tax due.

ANNUAL GROSS RECEIPTS TABLE

\$0.00 TO \$25,000	\$25.00
\$25,001 TO \$100,000	\$40.00
\$100,001 TO \$200,000	\$50.00
\$200,001 TO \$300,000	\$60.00
\$300,001 TO \$600,000	\$80.00
\$600,000 TO OVER	\$100.00

ENUMERATED BUSINESSES

Ambulance (Per Vehicle)	\$25.00
Amusement facility and devices	Contact License Clerk
Auction Sale	\$200.00 plus \$50.00 for each auctioneer or \$25.00 per day, independent
Baths, steam rooms, pools, gyms, health clubs (Annual)	\$35.00
Bill Posting (except billboards) (Per Day)	\$5.00
Building Contractor (A or B License) (Annual)	\$80.00

Building Subcontractor (C, D or Haz) (Annual)	\$40.00
Buses	\$25.00 plus \$10.00 for each vehicle
Day nursery or child care center (Annual)	\$25.00
Delivery by vehicle (Per Vehicle)	\$25.00
Fortune Telling	\$100.00 plus posted Bond
Sample distribution (Annual)	\$50.00
Home for the aged 1 to 4 guests (Annual)	\$15.00
5 to 9 guests (Annual)	\$25.00
10 or more (Annual)	\$35.00
House movers (Annual)	\$40.00
Newspaper Magazine distributors (Annual)	\$25.00
Lawn Care / Gardeners (Annual)	\$25.00
Outdoor advertising	Contact License Clerk
Pawn broker	\$100.00
Private patrol, detective agency, security patrol (Annual)	\$25.00
Rental of residential, commercial, Industrial	
Less than 4 rental units	No Tax
4 or more rental units (Annual)	\$25.00
Rooming / boarding houses; less than 4 roomers	No Tax
4 to 9 roomers (Annual)	\$25.00
10 or more roomers (Annual)	\$35.00
Route sales / services (Per Vehicle / Annually)	\$25.00
Solicitors (Per Person / Per Day)	\$10.00
Taxicabs / Limos	\$25.00, plus \$10.00 per vehicle
Trailer Parks and mobile home parks	\$25.00 for first 4 plus \$1.00 each additional space
Transfer (except human passengers)	Contact License Clerk

PRO-RATED FEE FOR BUSINESS starting APRIL 1 OR LATER

<u>Original Fee</u>	<u>as of April 1</u>	<u>as of July 1</u>	<u>as of October 1</u>
\$25.00	\$18.75	\$12.50	\$6.25
40.00	30.00	20.00	10.00
50.00	37.50	25.00	12.50
60.00	45.00	30.00	15.00
80.00	60.00	40.00	20.00
100.00	75.00	50.00	25.00

PENALTIES FOR LATE PAYMENT starting FEBRUARY 1

<u>Original Fee</u>	<u>February 1</u>	<u>March 1</u>	<u>April 1</u>	<u>May 1</u>
\$25.00	\$31.25	\$37.50	\$43.75	\$50.00
40.00	50.00	60.00	70.00	80.00
50.00	62.50	75.00	87.50	100.00
60.00	75.00	90.00	105.00	120.00
80.00	100.00	120.00	140.00	160.00
100.00	125.00	150.00	175.00	200.00

\* Reference Ordinance No. 1270

RESOLUTION NO. 05-99

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF TUSTIN INCREASING OR OTHERWISE MODIFYING CERTAIN POLICE DEPARTMENT AND PUBLIC WORKS DEPARTMENT FEES AND CHARGES, AND ESTABLISHING A COMPREHENSIVE SCHEDULE OF FEES AND REPEALING RESOLUTION NOS. 87-138, 92-103, 92-110, 93-03, 95-43, 99-53, 01-111, 02-57, 04-26, 05-55, AND 05-73

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF TUSTIN AS FOLLOWS:

Section 1: The City Council hereby, finds, determines and declares as follows:

- A. For the convenience of the public it is desirable to gather in a single document a comprehensive list of fees and service charges imposed by the City for City services.
- B. The document known as the "Comprehensive Schedule of Fees," is attached to this resolution and is made a part hereof by this reference. Each fee or service charge is identified under second column. New or increased fees or charges are shown in bold.
- C. In developing new or increased fees for the Comprehensive Schedule of Fees, the Police Department and the Public Works Department analyzed the cost to administer the various programs, activities and applications for which the City proposes to charge new or increased fees or service charges. The proposed new and increased fees or charges do not exceed the estimated cost of service for which the fees or charges are levied.
- D. It is not its intention to repeal previously adopted fees and adopt new fees of exactly the same amount, but is simply repeating these fees with the Resolution so that the Fee Schedule can be a comprehensive source of City fees and service charges.
- E. Charges subject to Proposition 218 are adopted in a different manner and are not part of this resolution.

Section 2: The Comprehensive Schedule of Fees is hereby adopted. Each fee or service charge set forth in this Resolution and shall be levied until further resolution of this Council.

Section 3: This Resolution supersedes all prior resolutions on the same subjects including but not limited to City Council Resolution Nos. 87-138, 92-103, 92-110, 93-03, 95-43, 99-53, 01-111, 02-57, 04-26, 05-55, and 05-73.


Section 4: If any charge, fee, service charge, section, subsection, sentence, clause, phrase or word of this Resolution is for any reason held to be invalid by a court of competent jurisdiction, such decision shall not affect the validity of the remaining portions of this Resolution. The City Council hereby declares that it would have passed and adopted this Resolution, and each and all provisions hereof, irrespective of the fact that one or more provisions may be declared invalid.

Section 5: That except as may be stated otherwise above, this Resolution shall be operative from and after adoption of resolution.

ADOPTED this 19<sup>th</sup> day of September, 2005.



\_\_\_\_\_  
LOU BONE,  
Mayor




\_\_\_\_\_  
PAMELA STOKER,  
City Clerk

STATE OF CALIFORNIA    )  
COUNTY OF ORANGE    ) SS  
CITY OF TUSTIN         )

I, Pamela Stoker, City Clerk and ex-officio Clerk of the City Council of the City of Tustin, California, do hereby certify that the whole number of the members of the City Council of the City of Tustin is five; that the above and foregoing Resolution No. 05-99 was duly passed and adopted at a regular meeting of the Tustin City Council, held on the 19<sup>th</sup> day of September, 2005 by the following vote:

COUNCILMEMBER AYES:	<u>BONE, DAVERT, AMANTE, HAGEN, KAWASHIMA</u> (5)
COUNCILMEMBER NOES:	<u>NONE</u> (0)
COUNCILMEMBER ABSTAINED:	<u>NONE</u> (0)
COUNCILMEMBER ABSENT:	<u>NONE</u> (0)



\_\_\_\_\_  
PAMELA STOKER,  
City Clerk