

Massage Therapist Address
Within City Limits - City
Use Only:

Amount Paid _____
Rec# _____ Date _____
Ref # _____
Rec'd By _____
Created _____
Issued _____
SIC _____

CITY OF BIG BEAR LAKE
ADMINISTRATIVE SERVICES
DIVISION

P.O. BOX 10000 • 39707 BIG BEAR BLVD
BIG BEAR LAKE, CA 92315-8900
(909) 866-5831 Fax # (909) 866-5491

BUSINESS LICENSE #
(City Issued)

APPLICATION FOR
BUSINESS LICENSE

Renewal fee due Sept. 30th of each year

Proposed Opening Date: _____

Please check any that apply:

- NEW
- Relocation
- Exempt/Nonprofit

Please Type or Print with Pen

Business Name: _____

Fictitious Business Name(s), if any: _____

Primary Business Activity: _____ Secondary: _____

Type of Ownership: Sole Prop. _____ Partnership _____ Corporation _____ Non-Profit _____

Required Licenses: _____

Business Location: _____ City _____ State _____ Zip _____
(Street Address)

Mailing Address: _____ City _____ State _____ Zip _____

Business Phone #: _____ Fax # _____ Web/Email _____

OWNERS OR PRINCIPAL OFFICERS:	Residence	Residence
Name	Mailing Address/City/Zip	Area Code/Phone #
Title		

1) _____

2) _____

COMPLETE ONLY IF BUSINESS ADDRESS/PROPERTY IS LOCATED WITHIN THE CITY OF BIG BEAR LAKE :

Assessor's Parcel # (APN): _____ Maximum # of Employees per shift: _____

Square Footage of Business: _____ # of Parking Spaces: _____ Paved? _____ Striped? _____

Square Footage of Lot/Property: _____ (please enter the entire parcel *even if* the property contains more than one business/use)

Prior Use/Business Name: _____ Will business be conducted within an enclosed building? _____

Name of Property Owner (if different from applicant) _____

Mailing Address _____ **Area Code/Phone #** _____

PROPERTY OWNER CONSENT: I certify, under penalty of perjury, that I am the legal owner of the property listed on this application and I consent to this use on my property.

Signature / Date Print Name

Site Contact (Manager) _____ **After Hours Phone:** _____

THE BUSINESS LOCATION MUST BE INSPECTED BY BUILDING AND SAFETY AND APPROVED PRIOR TO COMMENCING BUSINESS. AN INSPECTOR WILL CONTACT YOU TO SCHEDULE AN INSPECTION.

BUSINESS LICENSES EXPIRE ON SEPTEMBER 30TH OF EACH CALENDAR YEAR. ANNUAL LICENSE FEES ARE DUE ON OR BEFORE THIS DATE. DELINQUENT RENEWALS WILL BE ASSESSED A PENALTY ACCORDING TO THE PENALTY SCHEDULE ADOPTED BY THE CITY COUNCIL.

APPLICANT: I understand that: **1)** this is an application for a Business License and **not** an authorization to conduct business in the City of Big Bear Lake; **2)** NO BUSINESS may be conducted in the City of Big Bear Lake without the actual Business License, and if structure is physically located within the city limits, a Certificate of Occupancy; **3)** It may take up to two weeks (minimum) to process this initial application and that, depending on the inspection results, processing may take longer; **4)** the City of Big Bear Lake has a sign ordinance regulating all signs and banners within the City; **5)** I must contact the Planning Division **before altering or installing any sign(s) or banner(s)**; **6)** that I must contact Big Bear Disposal - 866-3942 - regarding refuse service (mandatory trash service in city) and **7)** I will pay for re-inspection fees.

I certify that: 1) I have read and understand all information on this application, 2) I agree to comply with all of its provisions,

_____/_____
Signature / Date / Print Name

A copy of your Certified Massage Therapist certificate and ID Card must be submitted with the Business License Application.

The SCAQMD Air Quality Permit Checklist must be completed along with this business license application.

The following forms must be provided to applicant:

- 1) Building & Safety Checklist

* FOR CITY USE ONLY *		
DIVISIONAL REVIEWS		
<u>Administrative Services Division:</u> Yes ___ No ___ Conditional _____ By: _____		
Conditions (to be included on license) _____		
<u>Building & Safety:</u> Reviewed by _____ Date _____		
Conditions _____		
<u>Planning Division:</u>		
Zoning _____ General Plan Designation _____ Use Permitted? Yes ___ No ___		
Parking Requirements complied with? _____		
Was Prior Use: Legal? Yes ___ No ___ Non-Conforming? _____		
Is this a new use? Yes ___ No ___ Is a CUP required? Yes ___ No ___		
Are signs legal per Zoning? Yes ___ No ___ Unable to verify _____		
Site Inspection: Yes ___ No ___ Comments: _____		
APPROVED _____ DENIED _____		
Reason for denial: _____		
Conditions of operation: _____		
_____	_____	_____
Name	Signature	Date



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4182
(909) 396-3529 • [http:// www.aqmd.gov](http://www.aqmd.gov)

Air Quality Permit Checklist

California Government Code Section 65850.2 prohibits cities from issuing an occupancy permit to a business without clearance from the local air quality agency. This Checklist will determine if you need to obtain clearance from the South Coast Air Quality Management District (AQMD).

Company Name: _____

Property Address: _____

City: _____ Zip Code: _____

Contact Person: _____ Title: _____

Type of Business: _____ Telephone: _____

Fax Number: _____ e-mail address: _____

Applicant (print name): _____ Signature: _____

Date: _____

- Will the facility have any of the following equipment? Yes No

Charbroiler

Dry cleaning machine

Spray booth

Printing press (screen/lithographic/flexographic)

Internal combustion engine greater than 50 HP (excluding motor vehicles)

Boiler/combustion equipment (greater than 1 million BTU/hr. maximum input)

Abrasive blasting cabinet/room

Baghouse/cartridge-type dust filter/scrubber

Motor fuel storage and dispensing equipment

- Will any of the following operations be performed? Yes No

Application of paints or adhesives

Etching, plating, casting, or melting of metals

Molding, extruding, or curing of plastics

Mixing and blending of liquids and/or powders

Storage of acids, solvents, organic liquids, or fuels

Production of fumes, dust, smoke, or strong odors

If you answered “No” to both questions, this checklist is your clearance from AQMD. If you answered “Yes” to either question, you must contact AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. You can call AQMD at their Small Business Assistance Office at **1-800-CUT-SMOG (1-800-288-7664)**.

City of Big Bear Lake



BUILDING AND SAFETY DIVISION BUSINESS LICENSE INSPECTION CHECK LIST

BUS. NAME: _____ **CONTACT** _____
ADDRESS: _____ **PHONE** _____
SCHEDULED INSPECTION DATE & TIME: _____

THE ITEMS CHECKED BELOW AND/OR ADDED ON PAGE 3 MUST BE RESOLVED TO OBTAIN AN APPROVAL FOR THIS BUSINESS LICENSE APPLICATION.

PLEASE CONTACT THE BUILDING & SAFETY DIVISION WITH ANY QUESTIONS REGARDING THIS CORRECTION LIST, AT (909) 866-5831.

ACCESSIBILITY:

- 1. An accessible path of travel is required to gain access to the building. (CBC Section 1133B)
- 2. At least one complying disabled accessible restroom must be provided for persons with disabilities. (CBC Section 1115B)
- 3. At least one parking stall and access aisle must be provided for persons with disabilities. Where only one disabled accessible parking stall is required, it must be "Van Accessible" with the required 8 foot wide access aisle. (CBC Section 1129B)

ELECTRICAL WIRING:

- 1. No exposed electrical wiring is permitted. All electrical wiring work requires a building permit and inspection approval. (CEC Article 100)
- 2. All circuit breakers must be clearly identified to show the area of the building, or equipment they serve. (CEC Article 110-22)
- 3. Extension cords are prohibited and shall not be used as a substitute for permanent wiring. Remove all extension cords and if necessary, install permanent wiring and outlet receptacles. Obtain a building permit and schedule all required inspections. (CFC Section 8506.1)
- 4. Install required smoke detectors in the locations indicated by the Building Inspector. (CBC Section 310.9.1)
- 5. Install and/or repair Ground Fault Circuit Interrupter (GFCI) outlets in all bathrooms, rooftops, and kitchens, to comply with Article 210.8 (B), of the National Electrical Code, which was effective at the time of original permit for such electrical outlets. For outlet receptacles, which serve de-icing equipment, comply with the GFCI requirements of Article 426.32.
- 6. Replace and/or repair and maintain all "Dead-Front" panels on all electrical meter and/or switch (circuit breaker) panels. If missing, it is not permissible to make your own "dead-front" cover from sheet metal. It must be the original cover, or a replacement, manufactured by the same company that manufactured the electrical panel, as this is a violation of the U.L. listing for the electrical panel.

EXITING:

- 1. Remove all unapproved door locking or latching hardware from doors with panic hardware. (UFC Section 1207.3 & CBC Section 1003.3.1.8)
- 2. Remove storage and any obstructions from the exits, aisles, corridors and stairways. (UFC Section 1203)
- 3. All exit doors are required to be unlocked when the building and/or area served by those exits is occupied. Provide the required signage above the main exit door if it is equipped with key locking hardware.
- 4. Provide approved illuminated exit signs and egress illumination as directed by the Building Inspector. (UFC Sections 1211 & 1212)

FIRE ALARM SYSTEMS:

- 1. Replace the Fire Alarm battery. (UFC Standard 10-4)
- 2. The Fire Alarm system is not operational, repair and call back for re-inspection when corrected. (UFC Section 1001.5.1)
- 3. Verify the fire alarm system, is monitored by a UL Central or Remote Station.
- 4. Verify that the alarm system has been serviced/inspected within the last year.

FIRE EXTINGUISHERS:

- 1. Provide Fire Extinguishers in the locations and types as directed by the Building Inspector. (UFC Section 1002.1)
- 2. Fire extinguishers must be mounted in a readily accessible location, with the top of the extinguisher a maximum of 5 feet above the finish floor. (UFC Standard 10-1)
- 3. Post signs indicating the location of the fire extinguishers when the extinguishers are not readily visible. (UFC Standard 10-1)
- 4. Each fire extinguisher is required to be tested each year, provide evidence that the extinguisher(s) has/have been serviced and approved by a State licensee. Tag should be on the fire extinguisher with current date. (UFC Standard 10-1)

BUSINESS LICENSE INSPECTION CHECKLIST CONTINUED:

FIRE SPRINKLER SYSTEMS:

- 1. Access must be maintained to the standpipes, fire hose, and sprinkler control valves. Please clear all obstructions from these areas as directed by the Building Inspector. (UFC Section 1001.7.1)
- 2. Replace all damaged, corroded or painted fire sprinkler heads, as directed by the Building Inspector. (UFC Section 1001.7)
- 3. Identify the fire sprinkler control valves and secure in an open position. (NFPA 24)
- 4. All sprinkler escutcheons must be in place and properly installed. Provide new escutcheons where indicated missing, or damaged by the Building Inspector.
- 5. The sprinkler system must have a certification inspection every five years. Provide evidence of this inspection (certifying tag on sprinkler riser).

HEALTH & SAFETY:

- 1. Food establishments are required to have an approval from the San Bernardino County Health Department, prior to the issuance of a City of Big Bear Lake, Business License. Provide evidence of such approval. (HSC 13146)
- 2. A grease trap or a grease interceptor is required to be installed prior to the issuance of a City of Big Bear Lake, Business License. (CPC Chapter 10)
- 3. Service and/or clean the exhaust hood and duct system over the cooking equipment. (UFC Section 1006.2.8)
- 4. All flammable liquids must be stored in their original containers or in metal cans. (UFC Section 7902.1.8.1.1)
- 5. Remove all flammable and combustible liquids as directed by the Building Inspector. (UFC Section 7902.3.7)
- 6. Store all flammable liquids away from corridors, main aisles, stairways and exit areas. (UFC Section 7902.5.11.2.3)
- 7. Provide a completed City of Big Bear Lake "Chemical Classification Form".
- 8. The quantity of "Hazardous Materials" indicated on the "Chemical Classification Form", and/or which were noticed during the Business License Inspection, exceed the quantities allowed by the Uniform Fire Code. See "Other Comments" below for the name(s) of the hazardous materials and the maximum exempt amount allowed.

OTHER COMMENTS:

APPLICANT ACKNOWLEDGES RECEIPT OF THE *ADA GUIDE FOR SMALL BUSINESSES* AND WILL COMPLY WILL ALL REQUIREMENTS.

_____ **APPLICANT'S SIGNATURE** _____ **DATE**

INSPECTOR'S NAME: _____

INSPECTION DATE: _____

ONCE ALL CORRECTIONS HAVE BEEN COMPLETED, CALL (909)866-5831 EXTENSION 140 TO SCHEDULE A RE-INSPECTION. WHEN ALL ITEMS HAVE BEEN INSPECTED AND APPROVED, A BUSINESS LICENSE WILL BE ISSUED. PLEASE ALLOW 2 BUSINESS DAYS FOR THE FINANCE DIVISION TO PROCESS THE BUSINESS LICENSE.

THANK YOU FOR YOUR COOPERATION.