



CITY OF SAN BERNARDINO
BUSINESS REGISTRATION CERTIFICATE APPLICATION

CITY HALL 290 NORTH "D" STREET, SAN BERNARDINO, CA 92401
OFFICE 201 N. E St., 1st FLR, SAN BERNARDINO, CA 92401
MAILING P.O. BOX 1318, SAN BERNARDINO, CA 92402
PHONE: (909) 384-5302 ACCOUNT NO.: CLASS:

THE FOLLOWING IS PUBLIC INFORMATION:

[ ] New [ ] Renewal [ ] Other

City of San Bernardino Business Start Date:

Name of Business/DBA:

Location of Business: Address (CANNOT BE P.O.BOX) City State Zip Code

Mailing Address: Address City State Zip Code

Name of Owner/Corporation: Business Phone#: (Attach separate sheet for corporate officers/partners)

Description of Business/ Products Sold:

Business Type: [ ] Sole Ownership [ ] Partnership [ ] Corporation [ ] LLC

Contractor's State License / State Sales Tax #:

Contractor's License Expiration Date: Number of Employees:

THE FOLLOWING IS CONFIDENTIAL INFORMATION:

STATE LAW REQUIRES THE CITY TO OBTAIN INFORMATION FROM THE BUSINESSES IT REGISTERS AND TRANSMIT IT TO THE STATE FRANCHISE TAX BOARD. YOUR COMPLETION OF THE INFORMATION REQUESTED ON THIS APPLICATION IS APPRECIATED, AND WILL ELIMINATE THE NEED FOR A FRANCHISE TAX BOARD INVESTIGATOR TO CONTACT YOU TO OBTAIN THIS INFORMATION. THE FOLLOWING MAY BE RELEASED ONLY TO A TAXING AUTHORITY OR ANYONE WITH A COURT ORDER DEMANDING SAME (SAN BERNARDINO MUNICIPAL CODE SECTION 5.04.021).

OWNER/CORPORATE OFFICE CONTACT INFORMATION

Residence Address City State Zip Code

Home Phone # Driver's License # Date of Birth

Social Security/ITIN# Partnership/Corporation Tax I.D. # State

[ ] State [ ] Federal

Employer Identification # [ ] E-mail Renewals Only

E-mail address

I DECLARE, UNDER THE PENALTY OF PERJURY, THAT THIS APPLICATION HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

Table with 2 columns: COMPUTATION OF FEES, FEE AMOUNT. Rows include GROSS RECEIPTS, PRIOR YEAR ADJUSTMENT, FLAT RATE, NUMBER OF VEHICLES/GAMES OR VENDING MACHINES, PENALTY, EXT.ENF. FEE, OTHER, STATE MANDATED DISABILITY ACCESS/EDUCATION FUND, and TOTAL AMOUNT DUE.

SIGNATURE (X) [ ] Owner [ ] Authorized Representative

(PLEASE NOTE: APPLICATION CANNOT BE ACCEPTED OR PROCESSED WITHOUT A SIGNATURE.)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE - CITY OF SAN BERNARDINO

\*CREDIT/DEBIT CARD ACCEPTED (ADDITIONAL FEES APPLY)

For Office Use Only:

Expiration Date: Amount: \$ Check #: Date: By:



**CITY OF SAN BERNARDINO  
BUSINESS REGISTRATION CERTIFICATE APPLICATION**

CITY HALL 290 NORTH "D" STREET, SAN BERNARDINO, CA 92401  
OFFICE 201 N. E St., 1<sup>st</sup> FLR, SAN BERNARDINO, CA 92401  
MAILING P.O. BOX 1318, SAN BERNARDINO, CA 92402

PHONE: (909) 384-5302

ACCOUNT NO.: \_\_\_\_\_ CLASS: \_\_\_\_\_

**SB 205 Storm Water Discharge  
Compliance Form**

Senate Bill (SB) 205, signed by Gov. Newsom in 2019, requires a person or entity who conducts a business operation that is a "regulated industry" to demonstrate enrollment with the NPDES permit program. By providing specified information on an initial or renewal City business license application, enrollment in the NPDES permit can be confirmed. The goal of the program is to address the health and safety of drinking water sources statewide.

SB 205 does not affect all businesses. Only those businesses with primary Standard Industrial Classification (SIC) codes that are identified by the State Water Board as requiring enrollment in the Industrial General Permit (IGP) are affected. The questions below will guide you and the City in determining if your business requires enrollment in the IGP. **Completion and submission of this form is required with your business registration application and annual renewal.**

1. What is the business name? **(Required)**

\_\_\_\_\_

2. What is the physical location/address of this business? **(Required)**

\_\_\_\_\_

3. What are the primary Standard Industrial Classification (SIC) codes for this business location? Look up your SIC Codes here: <https://www.osha.gov/pls/imis/sicsearch.html> and search by keyword(s) (for example: metal recycling) OR your insurance broker should also know your SIC code(s). **(Required)**

\_\_\_\_\_

4. If any of the Primary SIC Codes from question #2 above match any of the regulated SIC codes listed on the Water Board website below then you will be required to provide proof of enrollment in the state Industrial NPDES permit program? [https://www.waterboards.ca.gov/water\\_issues/programs/stormwater/sicnum.shtml](https://www.waterboards.ca.gov/water_issues/programs/stormwater/sicnum.shtml)

5. If you are already enrolled in the State Water Board Industrial NPDES permit program please provide the following information for verification:

WDID# \_\_\_\_\_

WDID Application # \_\_\_\_\_

NONA ID# \_\_\_\_\_

NEC ID# \_\_\_\_\_

6. If you are not currently enrolled under the Storm water Industrial General Permit (IGP) Sign and return this SB205 Compliance Form with your business license renewal now. Start the process of obtaining the Industrial General Permit by contacting the State or Regional Water Board at the information listed below. The City will issue you a 3-month provisional business license while you obtain the IGP and report the permit numbers to the City.

**Declaration**

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

For guidance on how to apply for coverage under the Storm water Industrial General Permit, contact the State Water Board or local Regional Board.

**State Water Board Contact:**

Website: [www.waterboards.ca.gov/waterboards\\_map.html](http://www.waterboards.ca.gov/waterboards_map.html)

Email: [stormwater@waterboards.ca.gov](mailto:stormwater@waterboards.ca.gov)

Phone: 1-866-563-3107

**Regional Water Board Contact:**

Santa Ana Regional Water Quality Control Board

3737 Main Street, Suite 500

Riverside, CA 92501-3339

**Main number - (951) 782-4130**

**For Office Use Only:**

Expiration Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_