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/TIN#  Partnership/Corporation Tax I.D. #  State
□ State  □ Federal
Employer Identification #
□ E-mail Renewals Only

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.

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: __________

Rev. 03/17/2020
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](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
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

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