



**BUSINESS LICENSE DEPARTMENT**

• *Service Excellence* •

Dear Business Owner:

Welcome to the City of Ontario. Obtaining a business license in Ontario is a simple process and City staff is ready to assist you. A Business License application is needed for a new business, change of location or change of ownership. Please submit your completed application with payment and copies of applicable permits/documents to the address listed on the application. As part of the licensing process, the Planning Department will need to approve the type of business use for the area where the business will be located. For information concerning this zoning approval, please contact the Planning Department at (909) 395-2036. For all other information on the application process, please contact the Business License Department at (909) 395-2022. We appreciate your business and look forward to working with you.

*Enclosed you will find the following:*

- *An Ontario Business License application*
- *A questionnaire designed to identify potential hazards at your place of business*
- *Home occupation permit application if applicable, for home business*
- *Alarm permit requirement from the Police Department.*

**Other Business Identifications as necessary:**

**California Department of Tax and Fee Administration (State Sales Tax No.)**

10760 4th Street, Suite 200

Rancho Cucamonga, CA 91730 (909)257-2900 Website [www.cdtfa.ca.gov](http://www.cdtfa.ca.gov)

**San Bernardino Co Recorder (Fictitious Business Name Statement and DBAs)**

222 Hospitality Lane, 1<sup>st</sup> Floor

San Bernardino, Ca 92415 (909) 387-8306 Website [www.sbcounty.gov/ARC](http://www.sbcounty.gov/ARC)

**Internal Revenue Service (Federal Tax ID)** (800) 829-4933 Website [www.irs.gov](http://www.irs.gov)

**Franchise Tax Board Service** (800) 852-5711 Website [www.ftb.ca.gov](http://www.ftb.ca.gov)

**Employment Develop. Dept (Employment Tax ID)** (888) 745-3886 Website [www.edd.ca.gov](http://www.edd.ca.gov)

**Environment Health Department**

8575 N Haven Ave #130

Rancho Cucamonga, CA 91730 (800) 442-2283 Website [www.sbcounty.gov/dehs](http://www.sbcounty.gov/dehs)

[www.ontarioca.gov](http://www.ontarioca.gov)



# Business License Application

LICENSE DIVISION

303 East B Street Ontario, California 91764  
Phone: (909) 395-2022 Fax: (909) 395-2089

**THANK YOU FOR DOING BUSINESS IN ONTARIO**

### CHECK IF APPLICABLE:

- New Application
- Change of Owner
- Change of Address
- Change of Business Name
- Change of Business Activity

It is the business owner's responsibility to notify the City of Ontario License Division immediately if there are any changes to the business entity, which differs from the information provided on this application. The business license tax is paid for the calendar year, January 1st through December 31st. It is the business owner's responsibility to renew the business license each year.

### BUSINESS INFORMATION ( please type or print clearly ):

Business Name / DBA: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Location: \_\_\_\_\_  
Address

Mailing Address: \_\_\_\_\_  
Address City State Zip Code

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Start Date in Ontario: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

### OFFICE USE ONLY

Bus.Lic. No.: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

License Type: \_\_\_\_\_

PLANNING DEPARTMENT:

Prior Use: \_\_\_\_\_

Zone: \_\_\_\_\_

NAICS Code: \_\_\_\_\_

SIC Code: \_\_\_\_\_

Action:  Approved  Denied

Conditions:  No  Yes, see attached

Reviewed by: \_\_\_\_\_

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

### Business Type ( please check all that apply ):

- Administrative Headquarters
- Contractors
- Manufacturing
- Professions
- Recreation/Entertainment
- Rental/Lease
- Retail Sales
- Services
- Transportation
- Utilities
- Warehousing
- Wholesale Sales

### Permits / Additional Information ( please complete all that apply ):

State License No.: \_\_\_\_\_ Type/Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Health Permit No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Hazardous Materials Facility ID No.: \_\_\_\_\_

Industrial Activity Storm Water Permit No.: \_\_\_\_\_

Industrial Wastewater Discharge Permit No.: \_\_\_\_\_

Agent/Broker State License No.: \_\_\_\_\_

State Sales Tax No.: \_\_\_\_\_

Total Sq. Ft.: \_\_\_\_\_ No. of Vehicles: \_\_\_\_\_

No. of Units (Rental/Lease): \_\_\_\_\_

No. of Full-time Employees: \_\_\_\_\_ Part-time Employees: \_\_\_\_\_

Describe Business Activity in Detail (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional pages

### BUSINESS OWNER/OFFICER(S) INFORMATION

Ownership Type:

- Sole Proprietor
- Partnership
- Ltd. Partnership
- Corporation
- LLC
- Trust

Owner/Officer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_

Drivers License No.: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

State ID No.: \_\_\_\_\_

### BUSINESS OWNER DECLARATION

I declare, under penalty of perjury, that the statements and information contained in this application are true and correct to the best of my knowledge and belief. I agree to conform with all requirements of zoning, building, fire and all other applicable laws, ordinances and regulations pertaining to the operations of such business. Furthermore, I agree to notify the City of Ontario Business License Division with ten (10) days of my change in the facts stated herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Owner/Officer or Agent

Name (print or type): \_\_\_\_\_

### PROPERTY OWNER DECLARATION

I hereby declare that,  I am the owner,  I legally represent the owner, of real property involved in this application and do hereby consent to the filing of this Business License application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner or Legal Representative

Name (print or type): \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE NOTE!** Prior to establishing your business, it is recommended that you confirm the zoning of the property where you plan to operate the business and whether the use is allowed by right or requires a Conditional Use Permit in that zone. Contact the Planning Department at (909) 395-2036.

### BUSINESS LICENSE FEE CALCULATION

Please calculate amount due from the fee schedule on the reverse side of this application. Estimated gross receipts is based on the months that remain in this calendar year. No portion of the license tax is prorated.

Estimated Gross Receipts: \$ \_\_\_\_\_

License Tax: (A) \$ \_\_\_\_\_

Base Tax Fee: (B) \$50.00

\*SB-1186 Fee: (C) \$4.00

Total Due: (A + B + C) \$ \_\_\_\_\_

**MAKE CHECKS PAYABLE TO THE "CITY OF ONTARIO"**

\* See reverse side for more information

<b>SCHEDULE OF BUSINESS LICENSE TAX</b>
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CODE SECTION	TYPE OF BUSINESS	TAX RATE
<b>3-1.201</b>	<b>PROFESSIONS</b>	<b>\$50 + .55 PER \$1,000</b>
<p>For the purposes of this section, "profession" shall mean the professions of accountant, architect, artist, attorney-at-law, bookkeeping services, building designer, chiropractor, consulting services, dentist, home health and nursing services, hospitals and medical clinics, income tax services, interior decorating services, marriage and family counseling services, microfilming services, notary public, other health care services, physical therapists, physician, psychiatrist, and psychologist.</p>		
<b>3-1.202</b>	<b>SERVICE</b>	<b>\$50 + .40 PER \$1,000</b>
<p>For the purposes of this section, "services" shall mean the business of providing, maintaining or performing labor for the benefit of another; of supplying some general demand for the benefit of another; or performing any other personal service or any service in the capacity of an agent/broker. "Services" do not include the professional services described in Sec. 3-1.201 above.</p>		
<b>3-1.203</b>	<b>CONTRACTORS</b>	<b>\$50 + .40 PER \$1,000</b>
<p>For the purposes of this section, "contractor" shall mean any person holding a California State contractor's license.</p>		
<b>3-1.204</b>	<b>RENTAL OF RESIDENTIAL PROPERTY</b>	<b>\$50 + .40 PER \$1,000</b>
<p>For the purposes of this section, "residential property" shall mean every person engaged in the business of renting real property for residential occupancy in the City. Owners of residential real property who own less than three (3) dwelling units in the City are exempt from the tax imposed by this section.</p>		
<b>3-1.205</b>	<b>RENTAL OF NON-RESIDENTIAL PROPERTY</b>	<b>\$50 + .40 PER \$1,000</b>
<p>For the purposes of this section, "non-residential property" shall mean every person engaged in the business of renting or leasing non-residential real property in the City.</p>		
<b>3-1.206</b>	<b>RECREATION / ENTERTAINMENT</b>	<b>\$50 + .40 PER \$1,000</b>
<p>For the purposes of this section, "recreation and entertainment" includes, but is not limited to, pool halls, bowling alleys, dancing clubs, theaters, skating rinks, and riding academies.</p>		
<b>3-1.207</b>	<b>MANUFACTURING</b>	<b>\$50 + .20 PER \$1,000</b>
<p>For the purposes of this section. "manufacturing" means the business of making, developing, assembling or packaging of any machines, devices, articles, things, materials or substances whatsoever.</p>		
<b>3-1.208</b>	<b>WHOLESALE SALES</b>	<b>\$50 + .20 PER \$1,000</b>
<p>For the purposes of this section, "wholesale sales" means every person engaged in the business of selling goods, wares or merchandise at wholesale.</p>		
<b>3-1.209</b>	<b>RETAIL SALES</b>	<b>\$50 + .20 PER \$1,000</b>
<p>For the purposes of this section, "retail sales" means every person engaged in the business of selling goods, wares or merchandise at retail.</p>		
<b>3-1.210</b>	<b>ADMINISTRATIVE HEADQUARTERS</b>	<b>\$50 + .20 PER \$1,000</b>
<p>Cost of operations shall be equal to the total of the annual fair rental value of all real property located in the City and used for such corporate or administrative headquarters. Annual payroll of all employees based in the City. The cost of all utilities related to the operation of such corporate or administrative headquarters.</p>		
<b>3-1.211</b>	<b>NON-FRANCHISED UTILITY</b>	<b>\$50 + .20 PER \$1,000</b>
<p>For the purposes of this section, "non-franchised utility" means every person engaged in the business of providing public utility services in the City who does not pay a franchise fee to the City under some other provision of the law.</p>		
<b>3-1.212</b>	<b>FRANCHISED UTILITY</b>	<b>\$1,000 FLAT YR TAX</b>
<p>For the purposes of this section, "franchised utility" means every person engaged in the business of providing public utility services in the City, and who pays a franchise fee to the City under any other provision of the law.</p>		
<b>3-1.215</b>	<b>TRANSPORTATION</b>	<b>\$40 PER VEHICLE</b>
<p>For the purposes of this section, "transportation" means every person engaged in the business of transporting persons or property by vehicles driven on the streets of the City.</p>		
<b>3-1.216</b>	<b>WAREHOUSING</b>	<b>\$50 + .02 PER SQ FT</b>
<p>For the purposes of this section, "warehousing" means every person engaged in the business of warehousing or distribution in the City.</p>		
<b>SB-1186</b>	<b>STATE DISABILITY ACCESS FEE</b>	
<p>A state fee of \$4 on any applicant for a local business license or similar instrument or permit, or renewal thereof.</p>		

"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:

- The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)



# Business License Questionnaire

Business Name: \_\_\_\_\_ Building/Unit Size (in Sq-Ft): \_\_\_\_\_

Business Address (include unit or suite #): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Please answer each of the questions listed below. Fully describe/explain all yes answers on a separate sheet if space is not available.

**Yes**   **No**

1. Will the business operation include any work, use or storage conducted outside of a wholly enclosed building? (plng)  
If yes, what? \_\_\_\_\_
2. Will the business include any type of adult entertainment? (fd, plng, ce)
3. Will the business be discharging any waste other than domestic waste to the sewer system? (eng, util.)
4. Will the business operation include the use or storage of any acetylene, or arc welding or cutting? (fd)
5. Will the business operation include any processing, handling, storage or discharge of chemicals, including hazardous chemicals and solvents? (fd, eng, util.)
6. Will the business generate any hazardous waste at this site? (fd, eng, util.)
7. Will the business operation include the storage of more than 5 gallons of a flammable liquid of any type? (fd)
8. Will the business operation include the use, generation, processing, production, treatment, storage, emission or discharge of hazardous materials in quantities totaling more than 55 gallons or 500 lbs., or 200 cubic feet of a compressed gas, whether indoors or out? (fd, plng)
9. Will the business operation include the generation of hazardous wastes in quantities totaling more than 55 gallons or 500 lbs., or 200 cubic feet of a compressed gas? (fd, plng, eng)
10. Will the business operation include spray painting or powder coating? (fd, plng, eng, util.)
11. Will the business operation include sanding, cutting or shaping of wood or products producing combustible dust or fibers? (fd, util.)
12. Will the business operation include the use of storage racks; and/or the indoor storage of materials exceeding 12 feet in height; and/or tire, plastic or flammable liquid storage over 6 feet in height? (fd, bldg)
13. Will the business operation include the repair or maintenance of motor vehicles? (fd, plng, eng)
14. Will the business operation include the washing of any equipment or vehicles? (eng, util.)
15. Will the building be used for education, instruction, daycare, worship or dining? If yes, how many square feet will you be using \_\_\_\_\_? (fd, plng, bldg)
16. Will the business operation include selling or serving alcoholic beverages? (plng, pd) If yes, what type of ABC license? \_\_\_\_\_ What is the size (in square feet) of the seating area? \_\_\_\_\_
17. Will the business have an outdoor patio where alcoholic beverages are served? (plng, pd)
18. Will the business operation include the preparation of food or beverages? (plng, eng, util.)
19. Will the business operation include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, etc.), dancing or other? (fd, plng, pd)
20. Will the business operation include arcade machines or other amusement devices, such as pool tables or computers? (plng)  
If yes, how many (total)? \_\_\_\_\_
21. Will there be any placement of new machinery, equipment or storage units outdoors or on the roof? (bldg)
22. Will the business operation include discharging any waste, wastewater or rinsewater to the ground, street or storm drain? (eng)

- 23. Is the on-site sewer system equipped with a clarifier or grease trap? If so, what size? \_\_\_\_\_ . (eng, util.)
- 24. Has a Water Quality Management Plan been prepared for this property? (eng)
- 25. Does the business currently have, or will the business be installing, a security alarm system? (pd)
- 26. Are you aware of any Municipal Code violations on the property that have not been resolved? (ce)
- 27. Will the business be sharing space with another business? (fd, eng, plng)
- 28. Is the building equipped with a fire sprinkler system? (fd)
- 29. Will the business be utilizing outdoor trailers, containers or temporary buildings? (plng)
- 30. Have you done or will you be doing any building construction or alterations, or equipment installations related to the operation of the business? (fd, bldg, util.)
- 31. Will your business distribute medical marijuana as part of its services? (plng)
- 32. Will the business operation include the sales or serving of tobacco products? (pd) If yes, what is the tobacco resale No. \_\_\_\_\_ What type of tobacco products will be sold? \_\_\_\_\_ (pd)
- 33. Is the use a State license facility? If yes, what type \_\_\_\_\_ (pd)
- 34. Will the business have an outdoor patio where tobacco products can be used? (pd)

**DECLARATION**

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this Business License Questionnaire and know the content thereof, and that the herein stated information, and all attachments hereto, are true and correct to the best of my knowledge and belief.

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

**STAFF USE ONLY**

Land Use: \_\_\_\_\_ Previous Use: \_\_\_\_\_

Engineering Department approval required?  Yes  No. If yes: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Department approval required?  Yes  No. If yes: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Department approval required?  Yes  No. If yes: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Airport Planning approval required?  Yes  No. If yes: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Original:** License    **Electronic Copy:**  Planning  Fire  Police  Env. Engineering  Utilities  Econ. Dev.



# Business License Additional Requirements

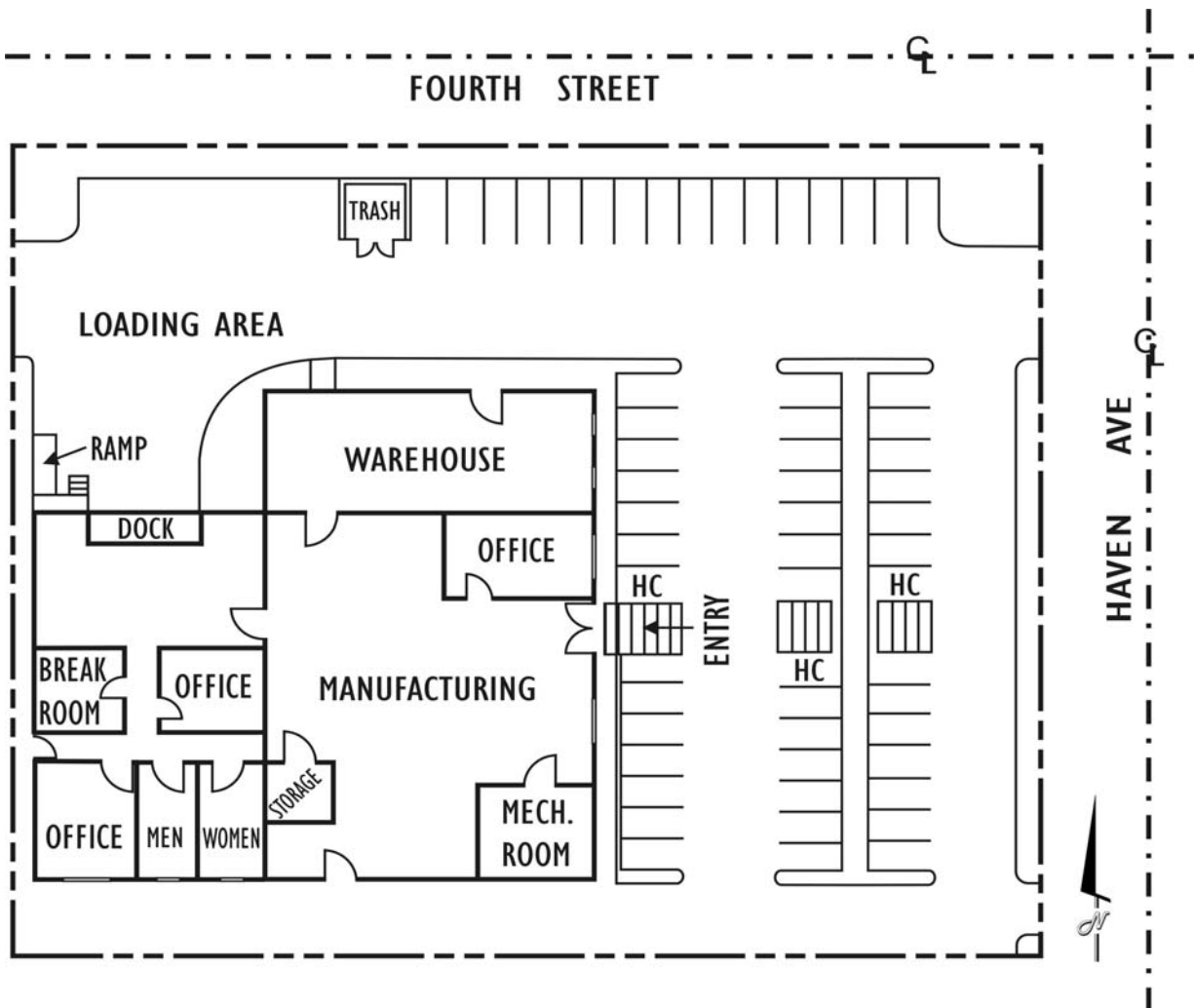
Please submit a plot plan and floor plan for your site. Plan needs to show site layout, cross streets, size, parking and storage areas. Floor plan needs to indicate how the interior floor plan will be used. If you are going to share the space with others please indicate how the space will be divided. Please see example below:

## E X A M P L E

### Site Plan/Plot Plan

Gross Building Area:

Office Area:	12,600 SF
Manufacturing Area:	12,600 SF
Warehousing Area:	6,825 SF
<b>TOTAL</b>	<b>32,025 SF</b>



- Please indicate:
- ADDRESS and BUSINESS NAME
  - Show the layout of all parts of the building, including all entrances, exits and windows.

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### **NOTICE TO APPLICANTS FOR BUSINESS LICENSES AND COMMERCIAL BUILDING PERMITS:**

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:

DEPARTMENT OF  
GENERALSERVICES,  
Division of the State  
Architect, CASp Program

[www.dgs.ca.gov/dsa](http://www.dgs.ca.gov/dsa)

[www.dgs.ca.gov/casp](http://www.dgs.ca.gov/casp)

DEPARTMENT OF  
REHABILITATION  
Disability Access Services

[www.dor.ca.gov](http://www.dor.ca.gov)

[www.rehab.cahwnet.gov/](http://www.rehab.cahwnet.gov/)

[disabilityaccessinfo](http://disabilityaccessinfo)

DEPARTMENT OF  
GENERALSERVICES,  
California Commission on  
Disability Access

[www.cdda.ca.gov](http://www.cdda.ca.gov)

[www.cdda.ca.gov/resources-menu/](http://www.cdda.ca.gov/resources-menu/)

### **CERTIFIED ACCESS SPECIALIST INSPECTION SERVICES**

Compliance with state and federal construction-related accessibility standards ensures that public places are accessible and available to individuals with disabilities. Whether your business is moving into a newly constructed facility or you are planning an alteration to your current facility, by engaging the services of a Certified Access Specialist (CASp) early in this process you will benefit from the advantages of compliance and under the Construction-Related Accessibility Standards Compliance Act (CRASCA, Civil Code 55.51-55.545), also benefit from legal protections.

Although your new facility may have already been permitted and approved by the building department, it is important to obtain CASp inspection services after your move-in because unintended access barriers and violations can be created, for example, placing your furniture and equipment in areas required to be maintained clear of obstructions. For planned alterations, a CASp can provide plan review of your improvement plans and an access compliance evaluation of the public accommodation areas of your facility that may not be part of the alteration.

A CASp is a professional who has been certified by the State of California to have specialized knowledge regarding the applicability of accessibility standards. CASp inspection reports prepared according to CRASCA entitle business and facility owners to specific legal benefits, in the event that a construction-related accessibility claim is filed against them.

To find a CASp, visit [www.apps2.dgs.ca.gov/DSA/casp/casp\\_certified\\_list.aspx](http://www.apps2.dgs.ca.gov/DSA/casp/casp_certified_list.aspx).

## DISABILITY ACCESS REQUIREMENTS AND RESOURCES

### GOVERNMENT TAX CREDITS, TAX DEDUCTIONS AND FINANCING

State and federal programs to assist businesses with access compliance and access expenditures are available:

#### **Disabled Access Credit for Eligible Small Businesses**

FEDERAL TAX CREDIT—Internal Revenue Code Section 44 provides a federal tax credit for small businesses that incur expenditures for the purpose of providing access to persons with disabilities. For more information, refer to Internal Revenue Service (IRS) Form 8826: Disabled Access Credit at [www.irs.gov](http://www.irs.gov).

STATE TAX CREDIT—Revenue and Taxation Code Sections 17053.42 and 23642 provide a state tax credit similar to the federal Disabled Access Credit, with exceptions. For more information, refer to Franchise Tax Board (FTB) Form 3548: Disabled Access Credit for Eligible Small Businesses at [www.ftb.ca.gov](http://www.ftb.ca.gov).

#### **Architectural and Transportation Barrier Removal Deduction**

FEDERAL TAX DEDUCTION—Internal Revenue Code Section 190 allows businesses of all sizes to claim an annual deduction for qualified expenses incurred to remove physical, structural and transportation barriers for persons with disabilities. For more information, refer to IRS Publication 535: Business Expenses at [www.irs.gov](http://www.irs.gov).

#### **California Capital Access Financing Program**

STATE FINANCE OPTION—The California Capital Access Program (CalCAP) Americans with Disabilities Act (CalCAP/ADA) financing program assists small businesses with financing the costs to alter or retrofit existing small business facilities to comply with the requirements of the federal ADA. Learn more at [www.treasurer.ca.gov/cpcfca/calcap/](http://www.treasurer.ca.gov/cpcfca/calcap/).

### FEDERAL AND STATE LEGAL REQUIREMENTS ON ACCESSIBILITY FOR INDIVIDUALS WITH DISABILITIES

AMERICANS WITH DISABILITIES ACT OF 1990 (ADA) —The ADA is a federal civil rights law that prohibits discrimination against individuals with disabilities, and requires all public accommodations and commercial facilities to be accessible to individuals with disabilities. Learn more at [www.ada.gov](http://www.ada.gov).

CALIFORNIA BUILDING CODE (CBC)—The CBC contains the construction-related accessibility provisions that are the standards for compliant construction. A facility's compliance is based on the version of the CBC in place at the time of construction or alteration. Learn more at [www.bsc.ca.gov](http://www.bsc.ca.gov).





# Ontario Police Department

## APPLICATION FOR ALARM SYSTEM PERMIT

Please fill out all information

PERMIT APPLICATION FEE COMMERCIAL - \$50.00 RESIDENTIAL - 25.00

DATE: \_\_\_\_\_ TYPE OF APPLICATION: NEW \_\_\_ RENEWAL \_\_\_ UPDATE \_\_\_

IF COMMERCIAL, DID YOU OBTAIN A NEW BUSINESS LICENSE: YES \_\_\_ NO \_\_\_

IF COMMERCIAL, BUSINESS NAME: \_\_\_\_\_

IF RESIDENTIAL, RESIDENT'S NAME: \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ OCCUPANT ONLY \_\_\_\_\_

ADDRESS: \_\_\_\_\_ STE. \_\_\_\_\_

ONTARIO, CALIFORNIA ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

### **BILLING ADDRESS IF DIFFERENT FROM ABOVE**

FIRST AND LAST NAME OF CONTACT PERSON OR BUSINESS NAME:

\_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

### **TYPE OF ALARM**

CHECK ONE: SILENT \_\_\_\_\_ AUDIBLE \_\_\_\_\_ BOTH \_\_\_\_\_

ALARM COMPANY \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

### **EMERGENCY INFORMATION**

FIRST AND LAST NAME OF TWO PEOPLE TO BE NOTIFIED IN CASE OF AN EMERGENCY

1. NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
TELEPHONE 1. \_\_\_\_\_ 2. \_\_\_\_\_
2. NAME \_\_\_\_\_ EMAIL \_\_\_\_\_  
TELEPHONE 1. \_\_\_\_\_ 2. \_\_\_\_\_

PLEASE MAIL OR DELIVER THE COMPLETED FORM AND PERMIT FEE TO:

ONTARIO POLICE DEPARTMENT  
2500 S. ARCHIBALD AVENUE  
ONTARIO CA 91761  
ATTENTION: ALARM COORDINATOR  
Phone (909) 395-2929

A COPY OF THIS PERMIT WILL GO ON FILE AT THE ONTARIO POLICE DEPARTMENT

*FAILURE TO OBTAIN THIS PERMIT IS A VIOLATION OF O.M.C. 4-9.530(b) AND WILL RESULT IN A CITATION.*

**MAKE CHECK PAYABLE TO THE "CITY OF ONTARIO"**

# ALARM PERMIT SPECIAL INSTRUCTIONS

The completion of this form is strictly voluntary in an effort to better serve you, the residents of Ontario. If you choose not to complete this form, it will not affect the validity of your alarm permit. Any information provided will be kept in a confidential dispatch database to assist **Ontario Police and Fire personnel with safety concerns** when responding to your address.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

1) ARE THERE WEAPONS AT THE LOCATION:

a) \_\_\_\_\_ YES \_\_\_\_\_ NO

i) IF SO, WHERE: \_\_\_\_\_

ii) MAKE / MODEL: \_\_\_\_\_

iii) MAKE / MODEL: \_\_\_\_\_

iv) MAKE / MODEL: \_\_\_\_\_

2) ARE THERE ANIMALS AT THE LOCATION:

a) \_\_\_\_\_ YES \_\_\_\_\_ NO

i) IF SO, ARE THEY: \_\_\_\_\_ INSIDE \_\_\_\_\_ OUTSIDE

ii) DO THEY BITE: \_\_\_\_\_ YES \_\_\_\_\_ NO

3) ARE THERE ANY SENSITIVE ITEMS AT THE LOCATION (IE., STORED GASOLINE, AMMUNITION, OTHER EXPLOSIVE MATERIALS):

a) \_\_\_\_\_ YES \_\_\_\_\_ NO

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

4) IS THERE ANYONE THAT HAS A SPARE KEY TO THE LOCATION:

a) \_\_\_\_\_ YES \_\_\_\_\_ NO

b) IF SO, WHO:

i) NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

ii) NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

iii) NAME \_\_\_\_\_ CONTACT NUMBER \_\_\_\_\_

5) COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POLICE SUPERVISOR: \_\_\_\_\_

DATE: \_\_\_\_\_

MAKE CHECK PAYABLE TO THE "CITY OF ONTARIO"

**Sec. 4-9.530**

**Fees and Fines**

- (a) An Alarm System Operator shall be subject to fines, depending on the number of false alarms within a three-year period from the date of the first false alarm, beginning upon the effective date of this Ordinance, based upon the following schedule:

False Alarm Fines

Number of False Alarms	Fines
	Commercial / Residential
1	No fine, Alarm Card Issued
2	No fine, Alarm Card Issued
3	\$75.00 / \$50.00
4	\$100.00 / \$75.00
5	\$150.00 / \$100.00
6+	\$200.00 / \$100.00 Alarm Permit and Alarm Response Revoked

- (b) Notwithstanding subsection (a) above, any person operating a non-permitted alarm system will be subject to a fine of \$200.00 for Commercial or \$100.00 for Residential. In addition, any person operating a non-permitted alarm system will be subject to a fine of \$200.00 for Commercial or \$100.00 for Residential for each false alarm occurring at the location of the non-permitted alarm system. Such fines may be waived if the person operating a non-permitted alarm system obtains an alarm system permit within thirty (30) days of written notification by the Alarm Coordinator of the violation. Written notification shall be deemed made upon deposit into the U.S. mails.
- (c) If cancellation of the alarm and law enforcement response occurs prior to law enforcement arriving at the scene, this is not a false alarm for the purpose of fines, and no fines will be assessed.
- (d) An Alarm Company may be assessed a fine \$100.00 if the law enforcement officer responding to a false alarm determines that an on-site employee of the Alarm Company directly caused the false alarm. In this situation, the false alarm will not be counted against the Alarm System Operator.
- (e) A Monitoring Company may be issued a fine \$100.00 for each failure to verify alarm system signals.
- (f) An Alarm Company may be issued a fine \$200.00 if the Alarm Coordinator determines that an Alarm Company employee knowingly made a false statement concerning the inspection of an alarm site or the performance of an alarm system.
- (g) Notice of the right of an appeal under this Ordinance will be included with any fines.