



**BUSINESS COMPLIANCE CERTIFICATION APPLICATION**

DEVELOPMENT SERVICES DEPARTMENT  
150 SOUTH PALM AVE., RIALTO, CA 92376  
CODE ENFORCEMENT: (909)820-2636  
FIRE DEPARTMENT: (909)820-2501

PLEASE PRINT LEGIBLY/CLEARLY

**Business Contact Information**

Company/Business Name: \_\_\_\_\_ Case No.: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Business Phone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_ Planned Start Date of Business: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_ Business Owner (if different): \_\_\_\_\_  
Home Address or P.O. Box: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Business Information**

Business Type:  Residential Multi-Unit  Commercial Multi-Unit  Office  Industrial

Business Description: \_\_\_\_\_

Total Square Footage Occupied: \_\_\_\_\_ Total Employees: \_\_\_\_\_ How Long Vacant: \_\_\_\_\_

Check all that apply:  Sole Proprietor  Partnership  Corporation  New Business  
 Change of Ownership  Change of Business Name  Change of Use  Additional Occupancy

**Business Materials Used:**

(Check all that apply. Indicate size, type, or quantity)

Acid  Chemical Solvents  Grease  Medical Gas  Flammables  
 Explosive Materials  Corrosive Materials  Spray Finishes  Cryogenic Materials

Quantity Used Per Month: \_\_\_\_\_ Quantity Stored Per Month: \_\_\_\_\_

**I HEREBY CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT.**

Sign: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This certificate will not be approved and issued until all applicable permits, fees, inspections and required corrections have been completed. Please call the Fire Department for inspection when ready.**

**Office Use Only**

Zoning: \_\_\_\_\_ Occupant Load: \_\_\_\_\_  Conditional Use  Denied at above Location

Restrictive Uses: \_\_\_\_\_

Division Approvals	Initials	Print Full Name	Date
Planning			
Code			