

CITY OF NEEDLES

Business Name:

Address:

City, State, Zip:

NOTICE

PURSUANT TO SECTION 12-32 OF THE NEEDLES CITY CODE, EVERY PERSON ENGAGING IN, CONDUCTING, MANAGING OR CARRYING ON ANY PLACE OF AMUSEMENT, ENTERTAINMENT OR EXHIBITION FOR THE PURPOSE OF HOLDING LECTURES, CONCERTS, THEATRICALS OR ANY OTHER FORM OF ENTERTAINMENT EXCEPT OUTDOOR FESTIVALS AS HEREAFTER DEFINED IN SECTION 12-35, FOR PROFIT, AND NOT OTHERWISE PAYING A LICENSE UNDER ANY OTHER SECTION OF THIS CHAPTER, THE LICENSE FEE SHALL BE TEN DOLLARS (\$10.00) PER DAY.

\$ _____ \$10.00 PER DAY	\$ _____
NEW BUSINESS LICENSE PROCESSING FEE	\$ 46.00
STATE MANDATED FEE:	\$ 4.00
TOTAL:	\$ _____

BY SIGNING BELOW, I AFFIRMATIVELY REPRESENT THAT ANY BUSINESS OR ACTIVITIES FOR WHICH I SUBMIT THIS APPLICATION WILL BE OPERATED IN COMPLIANCE WITH ALL FEDERAL, STATE AND LOCAL LAWS.

Authorized Signature

Make Check Payable to:

City of Needles

Mail this and all forms to:

**City of Needles
Business License Department
817 Third Street
Needles, CA 92363**

CITY OF NEEDLES
817 Third Street – Needles, California 92363
760-326-2113 ext 145 – Fax 760-326-6765

BUSINESS LICENSE APPLICATION

New Business Renewal Change of Address Change in Ownership

Business Name _____

Business Owner _____ Business Phone No. _____

Business email address _____

Description of business activity in detail _____

Please indicate business type: Retail Wholesale Manufacturing Other

Are you sharing this location with another business / use? No Yes Name _____

Business Address _____

City _____ State _____ Zip _____
(May be a post office box or private mailbox where each individual consent to receive service of process per AB 2184.)

Billing Address _____
City _____ State _____ Zip _____
(if different from the service of process address above.)

State Contractor/Subcontractor/Professional License No. (if applicable) _____

If Federal, State or other Regulatory Agency permit/approval is required, a copy must be provided.

Sole Proprietor Corporation Partnership LLC

NOT PUBLIC INFORMATION	NOT PUBLIC INFORMATION
Business Owner(s) / CEO _____	State _____ Zip Code _____
Service of Process Address _____	City _____
Phone # _____	Social Security#/ Driver License # or Other ID _____
Email Address _____	State Employer ID (SEIN) _____
Federal Employer ID (FEIN) _____	BEAN (State Sales Tax Number) _____
Business Partner(s) / Owner _____	State _____ Zip Code _____
Service of Process Address _____	City _____
Phone # _____	Social Security#/ Driver License # or Other ID _____
Email Address _____	

I hereby certify under penalty of perjury that the above information is complete and true to the best of my knowledge and that falsifying this information can result in denial or revocation of a City of Needles business license.

Signature of Applicant

Title and Date

WORKER'S COMPENSATION DECLARATION

I HEREBY AFFIRM, UNDER PENALTY OF PERJURY, ONE OF THE FOLLOWING DECLARATIONS:

I have and will maintain a certificate of consent to self-insure for worker's compensation, as provided by Section 3700, for the duration of any business activities conducted for which this license was issued.

I have and will maintain worker's compensation insurance, insuring employees working in California issued by an insurer duly licensed and authorized to issue policies in California, as required by Section 3700, for the duration of any business activities conducted for which this license is issued.

MY WORKER'S COMPENSATION INSURANCE CARRIER AND POLICY NUMBER ARE:

CARRIER _____ ADDRESS _____

POLICY NUMBER _____ DATE OF EXPIRATION _____

I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the worker's compensation laws of California, and agree that if I should become subject to the worker's compensation provision of Section 3700 of the Labor Code, I shall forthwith comply with the provisions of Section 3700.

WARNING: FAILURE TO SECURE WORKER'S COMPENSATION COVERAGE IS UNLAWFUL, AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000 IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR IN SECTION 3706 OF THE LABOR CODE, INTEREST AND ATTORNEY'S FEES.

(Company Name)

(Date)

(Address)

(Signature)



SAN BERNARDINO COUNTY
ASSESSOR-RECORDER-CLERK
SENATOR BOB DUTTON (Ret.)



<https://sbcountyarc.org/services/fbn/>

August 2021

Fictitious Business Names

[Home](#) > [Services](#)

How to obtain this service...

- **By mail:**
Complete, download and sign the online application. Mail the completed form and appropriate fees to our office for processing.
- **Online with Credit Card Payment:**
Complete the online application. Once completed, email our office the SST# at FBNFileSubmission@arc.sbcounty.gov. Allow *5-7 business days* for our office to review your application. Once your application has been reviewed, you will receive an email from SignIX. This email will prompt you to review the FBN statement and electronically sign your statement before finalization of the filing.

Filings are processed within 5-7 business days from the date you contact the Clerk staff at FBNFileSubmission@arc.sbcounty.gov with your SST#. Duplicate submissions will delay the overall processing time and are not eligible for a refund.

[Click Here for New Filings / Renewals](#)

[Click Here for Abandonments](#)

[Click Here to Withdraw from a Partnership](#)

The County Clerk is responsible for determining the acceptability, not the legal sufficiency of documents presented for filing. **Questions regarding the legal sufficiency of any document should be referred to an attorney.**

A fictitious business name shall be filed within 40 days of first transacting business. Once registered, it is effective for 5 years. The fictitious business name will need to be re-registered prior to the date of expiration, or if there are changes to the filed statement; except the change of a residence address.

Once the FBN has been filed, the application **MUST** be published in an adjudicated newspaper one day per week for four (4) consecutive weeks. Publication must start within 30 days of filing the statement with the County Clerk's office.

Check the Fictitious Business Name index to determine if the selected name is a business name that is the same or is similar to one already on file. Please contact us at (855) REC-CLERK or (855) 732-2575 if you have questions.

For the complete Business and Professions Code, click [here](#).

Additional information available below.

+ FBN Statement

+ Name Publication Requirements

+ Place of Filing

+ Expirations

+ Abandonments

+ Withdrawal from Partnership

 FBN Fees

FBN Filing: \$55

Additional FBN or registrant name: **\$10**

Abandonment of FBN: **\$55**

Statement of Withdrawal from Partnership: **\$55**

Complete Fee Schedule, click [here](#).










Legal Advice Limitation

The office of the Assessor-Recorder-Clerk is prohibited from giving legal advice.

In-person Vital Records requests, Marriage Services and Records Research are available at the San Bernardino Hall of Records location, by appointment. All other services remain available by mail, email and phone.

To book an appointment, call [\(909\) 387-8306](tel:(909)387-8306)

COUNTY CLERK SERVICES

-  Copies of Birth, Death & Marriage Certificates
-  Fictitious Business Names
-  Legal Document Assistant/Unlawful Detainer Assistant
-  Marriage License & Ceremony
-  Notary Public
-  Process Server
-  Professional Photocopier
-  Public Official Records
-  Self-Service Online Portal

[More Services](#)