



Land Use Services Department Code Enforcement Division

San Bernardino County Government Center
385 N. Arrowhead Avenue, First Floor
San Bernardino, CA 92415-0187
Phone (909) 884-4056
Fax (909) 387-8217

Information for Hotel/Motel Business License Applicants

Fees

New Application and License Fee	\$ 83.00
Annual Renewal Fee	\$ 83.00

Photo Identification

The applicant must supply photo identification, such as California driver's license or ID card, to establish identity and proof of age.

Fingerprints

Each applicant must be fingerprinted. Applicants will contact the San Bernardino County Sheriff's Department for more information. Applicants can **check in with the Employee Resources Division** of the Sheriff's Department to be Live Scanned. The Sheriff's Department will return two completed copies of the Live Scan form to the applicant. The applicant will submit one copy to Code Enforcement, along with the business license application, as proof that fingerprinting has been completed.

Contact:
Sheriff's Department/Records Division
655 East Third St., San Bernardino
(909) 888-5916

NOTE: Once the Live Scan completed **after April 30, 2006** is on file with Code Enforcement, the applicant should not need to be fingerprinted again (unless required by the Sheriff's Department).

New owner

If the applicant is the new owner of an existing hotel/motel, the applicant must supply the bill of sale.

Information for Hotel/Motel Business License Applicants

Inspection Sheet

First time applicants must obtain approval from the following County departments and submit the application with the inspection sheet (page 3 of the application) signed off by all:

County Fire Department (909) 386-8400
Environmental Health Services (800) 442-2283

Planning (**No Zoning Issue**)

- San Bernardino (909) 387-8311
- Hesperia (760) 995-8140
- Sheriff's Department/Records Division (909) 888-5916

Background Check

When the applicant submits the completed application to Code Enforcement, the applicant will pay the application fee.



APPLICATION FOR HOTEL/MOTEL BUSINESS LICENSE

Name of Applicant: Last: _____ First: _____ Middle Initial: _____
Physical Address: _____ City: _____ Zip: _____
Mailing Address: _____ City: _____ Zip: _____
Home Phone Number: (____) - _____ Date of Birth: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Name of Hotel/Motel Being Licensed: _____ Business Phone No.: (____) - _____
Address: _____ City: _____ State: _____ Zip: _____

List Residence Address History for Past Five (5) Years:
From (Date): _____ To (Date): _____
Address: _____ City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Address: _____ City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Address: _____ City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Address: _____ City: _____ State: _____ Zip: _____

Have you ever used another name: Yes [] No []
If yes, list other names used including alias, nickname, married or maiden name: _____

Business/Employment History for Past Five (5) Years:
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____
From (Date): _____ To (Date): _____

List Any Prior Hotel/Motel Business License History:

Business Name: _____	License No.: _____
Address: _____ City: _____	State: _____ Zip: _____
Business Name: _____	License No.: _____
Address: _____ City: _____	State: _____ Zip: _____
Additional Information: _____	

**REVOCATIONS, CRIMINAL CONVICTIONS, SUSPENSIONS OR DENIALS:
(If you answer yes to any question, please attach separate sheet with details.)**

1. Have you ever had a hotel/motel operator's license suspended or revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever had a hotel/motel operator's application denied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you been convicted of conduct which is in violation of the provisions of Sections 266(i), 315, 316, 318 or 647 (b) of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Have you been convicted of an offense involving conduct which requires registration under Section 290 of the California Penal Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Have you ever been convicted of an offense involving conduct which requires registration under Section 11590 of the California Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Have you been convicted of any felony involving the sale of a controlled substance in violation of Section 11054 – 11058 of the California Health and Safety Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have you been convicted in another state of an offense, which if committed or attempted in the state of California, would have been punishable as one or more of the offenses enumerated in Section 41.214(8)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Have you ever been convicted of any "fencing" crime(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

IS THIS A SOLE PROPRIETORSHIP? Yes No If no, please have each of the applicant's principal officers, directors, and stockholders holding more than ten percent (10%) of stock (if a corporation), or partners (if a partnership), complete a separate application form.

IS THIS A CORPORATION? Yes No If yes, attach a copy of the Articles of Incorporation.

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with the zoning, building and safety, health and fire regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license.

Signature: _____ Date: _____

**Please return completed/signed form to:
San Bernardino County Land Use Services, Code Enforcement
385 N. Arrowhead Avenue, 1st Floor, San Bernardino, CA 92415-0187.**

APPLICANT INFORMATION

Name of Applicant: Last: _____	First: _____	Middle Initial: _____
Home Address: _____	City: _____	Zip: _____
Mailing Address: _____	City: _____	Zip: _____
Name of Hotel/Motel: _____	Phone #: _____	
Address: _____	City: _____	State: _____ Zip: _____
Parcel #: _____	Nearest Cross Street: _____	

COUNTY USE ONLY – INSPECTIONS

Inspections/approvals are required from the departments listed below. These departments may require fees in addition to those fees required by Code Enforcement.

County Fire (909) 386-8400

Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____ Date: _____

Environmental Health (800) 442-2283

Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____ Date: _____

Planning (No Zoning Issue) San Bernardino (909) 387-8311 – Hesperia (760) 995-8140

Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____ Date: _____

Sheriff's Department Use Only (909) 888-5916

Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____ Date: _____