



# Business License Application

Community Development Department ~ 21810 Copley Drive ~ Diamond Bar, CA 91765 ~ (909) 839-7030 ~ www.DiamondBarCA.gov

<b>Check the Box that Applies:</b>	<b>Staff Use Only Business License #:</b>
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New Business (Zoning Clearance Required): \$124.57  Non-Profit Business: Fee Waived with Proof of Non-Profit Status  Business License Renewal: \$14	Business Located Out of City: \$42.82  Business Requiring Background Check(s) ( <i>Complete back of application form</i> )*: \$342.82 Per Person  Change of Business Name or Ownership Only: \$42.82	New Home Based Business License (Zoning Clearance Required): \$124.57  Change of Location (Zoning Clearance Required): \$124.57
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**Pursuant to SB 1186, all fees include a State-mandated \$4 fee to fund accessibility programs for disabled persons.**

**\*See reverse for a list of businesses requiring background checks**

**BUSINESS INFORMATION**

Business Name:	Business Phone:	
Description of Business Activities:		
	# of Employees:	
Business Address:		
City:	State:	Zip Code:
Mailing Address (If Different From Above):		
City:	State:	Zip Code:
E-mail:	Website:	

**After Hours Contact:**

**Phone:**

**PLEASE READ, SIGN AND DATE**

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. I understand that the issuance of a business license does not constitute approval of land use, and that I am responsible for compliance with the City's zoning, building, health and safety requirements and all other applicable laws prior to the commencement of business.

Business Owner	Owner 2 (If Applicable)		
Print Name:	Print Name:		
Title:	Title:		
Signature:	Date:	Signature:	Date:

**STAFF USE ONLY**

Classification Code: _____	Amount Paid: _____
Zoning Approval: _____	Processed By: _____
Comments: _____	Date Processed: _____
Dental office forms provided to applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	



# Business License Application Part 2

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## BACKGROUND CHECK REQUIREMENTS:

The following business types are required to complete a background check investigation prior to the issuance of a Business License.

This investigation may include reports from the Sheriff's Department, Planning and Building & Safety Divisions, Fire Department, Los Angeles County Health Department, and any such other information as deemed necessary by the City in order to determine if the applicant meets the business license criteria for issuance. If you have one of the following business types, please check the appropriate box and complete the background check information below:

- |  |   |
|--|---|
| Acupressure Establishments                     | Firearms Dealers                          |
| Adult Oriented Businesses                      | Indoor Amusement/Entertainment Facilities |
| Alarm Systems                                  | Massage Establishments                    |
| Alcoholic Beverage Sale (Off-Site Consumption) | Pawnbrokers and Second Hand Dealers       |
| Bars and Nightclubs                            | Peddling-Solicitation                     |
| Computer Services (Network Gaming Center)      | Psychic Reading                           |
| Entertainment Establishments                   | Tow Trucks and Towing Companies           |

### BACKGROUND CHECK APPLICANT(S): \$342 Per Applicant (Submit additional forms if necessary)

Applicant 1 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: (    )    -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 2 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: (    )    -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant 3 Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone No: (    )    -

*I hereby authorize the City of Diamond Bar to conduct a Background Check:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## COUNTY SANITATION DISTRICTS OF LOS ANGELES COUNTY

1955 Workman Mill Road, Whittier, CA 90601-1400  
Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998  
Telephone: (562) 699-7411, FAX: (562) 699-5422  
www.lacsd.org

GRACE ROBINSON HYDE  
Chief Engineer and General Manager

November 20, 2017

David Liu  
City of Diamond Bar  
21810 Copley Dr.  
Diamond Bar, CA 91765

Dear Mr. Liu:

On June 14, 2017, the United States Environmental Protection Agency (EPA) published Effluent Limitations Guidelines and Standards for the Dental Category (40 CFR Part 441) to reduce discharges of mercury from dental offices into publicly owned treatment works (POTWs). The regulation became effective on July 14, 2017. It requires dental offices that place or remove amalgam to operate and maintain amalgam separator(s) and not discharge scrap amalgam or use certain kinds of line cleaners. Existing dental offices (existing sources, whose first discharge to a POTW occur on or prior to July 14, 2017) must comply by July 14, 2020. The compliance date for new dental offices (new sources, whose first discharge to a POTW occur after July 14, 2017) is the effective date of the regulation. A copy of the regulation can be found at:

<https://www.ecfr.gov/cgi-bin/text-idx?mc=true&node=pt40.32.441&rgn=div5>

All existing and new dental offices must submit a one-time compliance report to the Control Authority (40 CFR Part 441.50). The Sanitation Districts is the POTW and Control Authority for the discharges in your city/county. For existing sources, the report must be submitted no later than October 12, 2020, and the Sanitation Districts will be sending letters to these dental offices regarding the requirement. For new sources, the report must be submitted no later than 90 days following the introduction of the wastewater into the sewer, and the Sanitation Districts would like to request your assistance in meeting this requirement. **When a new dental office applies for necessary permit(s)/license(s) through your agency, please request the dental office to submit the one-time compliance report, within 90 days of the first discharge, to the address below.**

County Sanitation Districts of Los Angeles County  
Industrial Waste Section  
1955 Workman Mill Rd.  
Whittier, CA 90607

A blank copy of the one-time compliance report is attached. It can also be downloaded from <http://www.lacsd.org/civicax/filebank/blobdload.aspx?blobid=13895>.

Please provide the names and addresses of the new dental offices to Sue Zhu of the Sanitation Districts by mail, phone or email.

If you have any questions concerning this letter, please call Sue Zhu of the Sanitation Districts' Industrial Waste Section at 562-908-4288 extension 2956 or email at [szhu@lacsd.org](mailto:szhu@lacsd.org). Thank you in advance for your help.

Very truly yours,

*Laurence Smith*

Laurence Smith,  
Supervising Engineer





INDUSTRIAL WASTE SECTION  
 1955 Workman Mill Road  
 Whittier, CA 90601-1400  
 Mailing Address: P.O. Box 4998, Whittier, CA 90607-4998  
 Telephone: (562) 908-4288, Ext. 2900, FAX: (562) 908-4224  
[www.lacsd.org](http://www.lacsd.org)

**ONE-TIME COMPLIANCE REPORT FOR DENTAL DISCHARGERS**

**Dental Office Point Source Category (40 CFR 441)**

*(Please type or print)*

**General Information**

Facility I.D.: _____
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Name of Practice: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_  
(INDIVIDUAL OR LEGAL COMPANY NAME)

Fax: ( ) \_\_\_\_\_

Physical Address: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address: \_\_\_\_\_  
(if different from address above) (STREET) (CITY) (STATE) (ZIP CODE)

Facility Contact Person: \_\_\_\_\_  
(INDIVIDUAL'S NAME)

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name(s) of the operator(s) and owner(s): \_\_\_\_\_  
(INDIVIDUAL'S NAME) (Title)

Address of Owner(s): \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP CODE)

**Please select one of the following:**

<input type="checkbox"/>	<b>This dental practice places or removes dental amalgam and discharges wastewater to the sewer.</b> <i>If this selection is made, complete Sections A, B, and C after reading 40 CFR 441 available at <a href="https://www.ecfr.gov/cgi-bin/text-idc?mc=true&amp;node=pt40.32.441&amp;rgn=div5">https://www.ecfr.gov/cgi-bin/text-idc?mc=true&amp;node=pt40.32.441&amp;rgn=div5</a></i>
<input type="checkbox"/>	<b>This dental practice does not place dental amalgam, and does not remove amalgam except in limited emergency or unplanned, unanticipated circumstances.</b> <i>If this selection is made, complete Section C only.</i>

**Section A: Description of Facility**

1. Wastewater discharge to the sewer commenced **before / on / after** (circle one) July 14, 2017.  
*(Note: If the discharge commenced after July 14, 2017, this certification form is due within 90 days of the commencement. Otherwise, it is due by October 12, 2020.)*

2. Total number of chairs: \_\_\_\_\_

3. Total number of chairs at which dental amalgam may be present in the resulting wastewater: \_\_\_\_\_

4. Narrative description of practices performed at the facility (optional):

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

**Section B: Amalgam separator(s) or equivalent device(s)**

1. Complete all applicable subsections below for all existing amalgam separator(s) or equivalent device(s) that are currently operated for chairs at which dental amalgam may be present in the resulting wastewater (must check at least one of the three boxes below):

One or more ISO 11143 compliant amalgam separators (or equivalent devices) that captures all amalgam containing waste from the above identified chairs in Section A where amalgam is placed or removed has/have been installed at the facility.

One or more existing amalgam separators has/have been installed at the facility prior to June 14, 2017, at the following number of chairs [ ] at which amalgam placement or removal occurs. I understand that it/they must be replaced with one or more ISO 11143 compliant amalgam separators (or equivalent devices), after its/their lifetime has/have ended, and no later than June 14, 2027.

Make	Model	Year of Installation	Comment (optional)

One or more equivalent amalgam removal devices has/have been installed at the facility.

Make	Model	Year of Installation	Average removal efficiency of equivalent device, as determined per 40 CFR 441.30(a)(2)i-iii

2. The name of the third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office to ensure proper operation and maintenance in accordance with §441.30 or §441.40:

\_\_\_\_\_

3. If there is no third-party service provider that maintains the amalgam separator(s) or equivalent device(s) operated at the dental office, please provide a brief description of the practices employed by the facility to ensure proper operation and maintenance in accordance with §441.30 or §441.40.

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

**Section C: Certification**

*I hereby certify that the above amalgam separator(s) or equivalent device(s) is/are designed and will be operated and maintained to meet the requirements specified in §441.30 or §441.40.*

*I hereby certify that the dental discharger is implementing the following Best Management Practices specified in §441.30(b) or §441.40(b) and will continue to do so.*

- (1) Waste amalgam including, but not limited to, dental amalgam from chair-side traps, screens, vacuum pump filters, dental tools, cuspidors, or collection devices, must not be discharged to the sewer.*
- (2) Dental unit water lines, chair-side traps, and vacuum lines that discharge amalgam process wastewater to the sewer must not be cleaned with oxidizing or acidic cleaners, including but not limited to bleach, chlorine, iodine and peroxide that have a pH lower than 6 or greater than 8.*

*I, \_\_\_\_\_, am a duly authorized representative of the above named dental facility, and certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

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

Signature of authorized company official: \_\_\_\_\_  
(AUTHORIZED COMPANY OFFICIAL)

Print name of official: \_\_\_\_\_  
(PLEASE PRINT)

Title of authorized company official: \_\_\_\_\_

“Authorized company official” means:

- 1. For a partnership: a general partner.
- 2. For a sole proprietorship: the proprietor.
- 3. For a corporation: a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operation facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- 4. A duly authorized official of one of the individuals described above may substitute if:
  - a. The authorization is made in writing by one of the individuals described above;
  - b. The authorization specifies either an individual or a position having responsibility for the overall operation of the permittee’s facility, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
  - c. The written authorization is submitted to the County Sanitation Districts of Los Angeles County.



## 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).