

**County of San Bernardino  
Clerk of the Board of Supervisors**

385 N. Arrowhead Avenue, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0130  
(909) 387-3841 Fax (909) 387-4554  
Internet: [www.sbcounty.gov/cob/](http://www.sbcounty.gov/cob/)



**APPLICATION FOR ADULT-ORIENTED BUSINESS LICENSE**

Business Name: _____		Type: _____	
Physical Address: _____			
City: _____		State: _____	Zip: _____
Mailing Address: _____			
City: _____		State: _____	Zip: _____
Telephone Number: ( ) _____		Parcel Number: _____	

Applicant's Name: First: _____		Last: _____		Date of Birth: _____	
Home Address: _____		City: _____		Zip: _____	
Telephone No.: ( ) _____		Driver's License No.: _____			

Please list any partners involved in above-named adult-oriented business. Use additional sheet(s) if necessary.					
Business Partner's Name: First: _____		Last: _____		Date of Birth: _____	
Street Address: _____		City: _____		Zip: _____	
Telephone: ( ) _____		Driver's License No.: _____			

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.

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

**County Use Only**

**Approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.**

<b>Building &amp; Safety</b> (909) 387-8311			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____
<b>County Fire</b> (909) 386-8400			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____
<b>Environmental Health</b> (909) 884-4056			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____
<b>Planning</b> San Bernardino (909) 387-8311 Hesperia (760) 995-8140			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____

**CLERK OF THE BOARD OF SUPERVISORS**

*Please Note: All fees can be found at [www.sbcounty.gov/cob](http://www.sbcounty.gov/cob) are non-refundable. Make checks payable to Clerk of the Board.*

Initial Application Fee		Date Received: _____		Accepted By: _____	
		Receipt #: _____		Deputy Clerk of the Board of Supervisors	
Initial License Fee		Date Received: _____		Accepted By: _____	
		Receipt #: _____		Deputy Clerk of the Board of Supervisors	