



## Commercial Business License Check List

Step 1 – Complete the **Certificate of Occupancy** application.

- Using a blank piece of paper, draw out a plot plan/layout of the building and attach to the application.
- Submit the application for processing. This may take 3-5 business days.

Step 2 – Complete the **Business License** application form.

- Application must include either Federal Identification Number or Government Issued Identification & Social Security Number. Applications will not be review without this information.
- Complete form SB205.
- If your business name does not include your sur-name, you must register as a **Fictitious Name (DBA Filing)**. For availability of business names please visit:  
<https://webselfservice.riversideacr.com/Web/search/DOCSEARCH313S7>.
  - ✓ Once the name is registered, publish the filing by contacting one of the companies on the list provided by Riverside County. A copy of the receipt is required to confirm that the DBA has been published.
- **CONTRACTORS ONLY:** All businesses or individuals who construct or alter any building, highway, road, parking facility, railroad, excavation, or other structure in California **MUST** be licensed by the **California Contractors State License Board (CSLB)** if the total cost (labor and materials) of one or more contracts on the project is \$500 or more. To apply or renew a contractor's license, please visit the state license board at <http://www.cslb.ca.gov/>.
- **SALES / RETAILERS ONLY:** A seller's permit is a state license that allows vendors to sell items at wholesale or retail level and to issue resale certificates to suppliers. Making sales of merchandise, goods or other items in California without first obtaining a seller's permit violates the law. For more information on seller's permits, please visit:  
<https://www.cdtfa.ca.gov/taxes-and-fees/faqseller.htm>

*Certain items may not be applicable to all business types.*



# CITY OF SAN JACINTO

595 S. San Jacinto Avenue - San Jacinto, CA 92583  
(951) 487-7330 - FAX (951) 537-6385

## BUSINESS LICENSE APPLICATION

Please Check One

- ☐ New Application
- ☐ Change of Owner
- ☐ Change of Address
- ☐ Change of Business Name

THE UNDERSIGNED HEREBY REQUESTS A LICENSE TO CONDUCT BUSINESS IN THE CITY OF SAN JACINTO (PLEASE PRINT OR TYPE)

<b>Business Name</b> _____ <b>Corporate Name</b> (if applicable) _____ <b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small> <b>Mailing Address</b> _____  <b>Phone No.</b> _____ <b>Fax No.</b> _____ <b>Description of Business</b> _____ <b>Ownership</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	<b>OFFICIAL USE ONLY</b> <input type="checkbox"/> Home Occupation _____ <input type="checkbox"/> C of O _____ <input type="checkbox"/> Street Vendor _____ <input type="checkbox"/> Vendor - one day use _____ <b>Business License No.</b> _____ <b>Bus. Start Date</b> _____ <b>Resale No.</b> _____ <b>Federal ID No.</b> _____ <b>State ID No.</b> _____ <b>Consumer Affair No.</b> _____ <b>State Lic. No.</b> _____ <b>State Lic. Type</b> _____ <b>Expire Date</b> _____
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Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

Per AB 2184, you may protect your residential address by providing a different Service of Process address in accordance with Sections 16000.1(a)(2) and 16100.1(a)(2) of the Business and Professions Code. To do so, please fill out the section on the back or bottom of this form.

<b>1st Owner Name</b> _____	<b>Title</b> _____	<b>Date of Birth</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____		<b>Driver Lic. No.</b> _____
<b>Home Phone No.</b> _____	<b>Cell</b> _____	<b>SSN/ITIN</b> _____
<b>2nd Owner Name</b> _____	<b>Title</b> _____	<b>Other ID No.</b> _____
<b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____		<b>Date of Birth</b> _____
<b>Home Phone No.</b> _____	<b>Cell</b> _____	<b>Driver Lic. No.</b> _____
		<b>SSN/ITIN</b> _____
		<b>Other ID No.</b> _____

In case of emergency, please contact (attach additional sheet, if necessary)

<b>Contact Name</b> _____	<b>Phone No.</b> _____
<b>Address</b> _____	<b>Cell/Pager No.</b> _____

Are you a business that is a regulated industry with storm water discharge requirements in accordance with the SB205 NPDES permit program? If so, please provide the SIC # and Permit # below.

SIC # \_\_\_\_\_ NPDES Permit # \_\_\_\_\_

IN PREPARATION FOR A FUTURE WEB-BASED RENEWAL PROGRAM, PLEASE PROVIDE YOUR E-MAIL ADDRESS. \_\_\_\_\_

<b>No. of Employees</b>  <b>Part-time</b> <input style="width: 50px;" type="text"/>  <b>Full-Time</b> <input style="width: 50px;" type="text"/>	<b>NOTICE:</b> 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: The Division of the State Architect at <a href="http://www.dgs.ca.gov/dsa">www.dgs.ca.gov/dsa</a> - The Department of Rehabilitation at <a href="http://www.dor.ca.gov">www.dor.ca.gov</a> - The California Commission on Disability Access at <a href="http://www.ccda.ca.gov">www.ccda.ca.gov</a> .  <i>Thank you for doing business in the City of San Jacinto!</i>	<b>Base Fee</b> <input style="width: 80px;" type="text"/> <b>Employee Fee</b> <input style="width: 80px;" type="text"/> <b>Other Fee</b> <input style="width: 80px;" type="text"/> <b>State CASp Fee</b> <input style="width: 80px;" type="text"/> <b>Total Due</b> <input style="width: 80px;" type="text"/>
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For Businesses Located in San Jacinto (please check if interested)

☐ I would like to receive information on how my business can participate in recycling efforts.

This application does not sanction any act not otherwise permitted. Applicant must obtain clearance to conduct business from the Community Development Department and agrees to comply with all sections of the San Jacinto Municipal Code. Applicant is responsible for obtaining a State of California Sales Tax number, if necessary, and providing the City of San Jacinto with such number when issued. Applicant also recognizes responsibility to comply with the workers' compensation provisions of Section 3700 of the Labor Code.

Applicant's Name and Title (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SAN JACINTO.

### SERVICE OF PROCESS ADDRESS, PURSUANT TO AB 2184 - AVAILABLE FOR PUBLIC INSPECTION

If you wish to protect your residential address with a different service of process address, please provide it here.

NOTE - if your service of process address is a post office box or private mailbox, it must comply with paragraph (2) of subdivision (b) of Section 17538.5 of the California Business and Professions Code.

**Service of Process Address** \_\_\_\_\_

**Residential Address to protect**    ☐ Business Location    ☐ Mailing Address    ☐ Owner/Partner/Officer Address

## **BUSINESS LICENSE FEE SCHEDULE**

<u>Most Businesses</u>	<u>Contractors – Engineering, General, &amp; Misc.</u>	
\$70 per year base fee.	Class A	\$80* per year base fee
Covers one person (owner, agent, manager representative, etc.) Plus graduated scale for employees listed below.	Class B	\$80* per year base fee
	Class C	\$60* per year base fee
	Covers one person (owner, agent, manager, representative, etc.) *Plus graduated scale for employees listed below.	

### **Graduated Scale Basis of Computation for Employee**

Whenever the term “graduated scale” is used, it refers to the following basis of license fee computation; and whenever license fee is to be computed on the basis of “graduated scale,” it shall be computed on the basis of the number of employees as follows:

#### **Full time\* Employees Working in San Jacinto**

1-2	Employees	\$10.00	Per year
3-6	Employees	\$30.00	Per year
7-10	Employees	\$50.00	Per year
11-14	Employees	\$70.00	Per year
15-20	Employees	\$100.00	Per year
21-30	Employees	\$120.00	Per year
31-40	Employees	\$150.00	Per year
41-50	Employees	\$200.00	Per year
51 or more	Employees	\$200.00	Per year plus \$5.00 for each employee over fifty in number.

\*1 Full-Time Employee = 1 employee working 40 hours per week or 3 part-time employees hours each per week.

**Determining Number of Employees.** The number of employees shall be the average number engaged in the business during the preceding fiscal year or during such portion thereof as the business was in operation. In the case of beginning business, the number shall be estimated by the applicant and the fee paid on the estimation but shall be adjustable to the actual number within thirty days after the close of the year. The application for the business license each calendar year shall correctly set forth the number of employees applicable to the determination of the license fee.

**Employee Defined (Self-employment).** “An employee” is a person who receives his compensation from an employer who withholds the necessary Federal and State Tax, carries worker’s compensation insurance, and assumes all other responsibilities as an employer. Any person who is not an employee shall be deemed self-employed and in business for himself.



# CERTIFICATE OF OCCUPANCY APPLICATION

City of San Jacinto | 595 S San Jacinto Ave | San Jacinto CA 92583 | 951.487.7330 | fax 951.654.9896

1. Applicant		Phone #			
2. Home Address	Street	City	State	Zip code	
3. Business Name		Phone #			
4. Business Address	Street	City	State	Zip Code	
5. Landlord (name & address)	Street	City	State	Zip Code	Phone
6. Person paying for water (name & address)	Street	City	State	Zip Code	Phone
7. Person paying for trash (name & address)	Street	City	State	Zip Code	Phone

8. In detail, describe ALL activities planned for ALL portions of the building:

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- Due to possible structural and zoning limitations, the Certificate of Occupancy is only valid for those uses that are approved by the Planning Department and Building & Safety Division. Any other uses may result in the denial or revocation of the Certificate of Occupancy. Building & Safety Division approval shall be based on the current Uniform Building Code in effect. Planning Department approval shall be based on the City's Zoning Ordinance. Certificate of Occupancy will not be issued until water meter and trash service are activated by either the tenant or landlord.
- No person or company shall occupy any building until a Certificate of Occupancy, or a temporary Certificate is issued by the Planning Department and Building & Safety Division.
- A business license does not constitute permission to occupy a building. A Certificate of Occupancy with the Building & Safety Division approval must be obtained and posted in order to legally occupy a building.
- A site plan, floor plan and \$41 application fee must be submitted with this application.
- All certificate of Occupancy applications are good for 180 DAYS. Applicants that have not obtained all the required inspections and approvals must re-apply.

I hereby acknowledge that I have read this application and agree to comply with its contents.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:	Date _____
Planning _____	Group _____ Type Construction _____ Use Zone _____
Building & Safety _____	Owner of Building Verified [ ] Yes [ ] No
Fire _____	Building Address Posted [ ] Yes [ ] No
Use Classification _____	Emergency Contact Form Received [ ] Yes [ ] No Bus. Lic.# _____

**CITY OF SAN JACINTO BUILDING & SAFETY/FIRE & LIFE SAFETY  
STATEMENT OF INTENDED USE**

Business Name: \_\_\_\_\_ Date of Occupancy \_\_\_\_\_

Site Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ Up to 20,000 sq ft \_\_\_\_\_ 20,000 to 50,000 sq ft. \_\_\_\_\_ 50,000 to 75,000 sq ft  
\_\_\_\_\_ Over 100,000 sq ft

The following information is required before a new business inspection can take place. Inspections are performed by the Fire Marshal or his representative. This statement may affect your occupancy classification and could require structural and/or fire protection upgrading.

Before making changes in use, it is required that you notify the Director of Planning at the City of San Jacinto for approval.

**YES**      **NO**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1) Will you be applying flammable/combustible finishes?          |
| _____ | _____ | 2) Will you be installing a spray booth or dip tanks?            |
| _____ | _____ | 3) Will you be storing Combustible product or commodity?         |
| _____ | _____ | a) over 2500 feet?   |
| _____ | _____ | b) Closely packed piles over 15 feet high?                       |
| _____ | _____ | c) Palletized storage over 12 feet in height?                    |
| _____ | _____ | d) Rack storage over 12 feet in height                           |
| _____ | _____ | 4) Will you have explosives or blasting agents on your property? |
| _____ | _____ | 5) Will you be welding or cutting?                               |
| _____ | _____ | 6) Will you have compressed gases?                               |
| _____ | _____ | 7) Will you be installing a fire alarm system?                   |
| _____ | _____ | 8) Will you handle, use, store flammable or combustible liquids? |
| _____ | _____ | a) Underground tank?   |
| _____ | _____ | b) Above ground tank?  |
| _____ | _____ | c) Drums?  |
| _____ | _____ | d) other? if yes,  |

Describe: \_\_\_\_\_

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 9) Will you be cooking food?  |
| _____ | _____ | 10) Will you be using flammable producing device?   |
| _____ | _____ | 11) Will you be repairing vehicles?   |
| _____ | _____ | 12) Is there, or will there be any LPG stored or used on premises?                                    |
| _____ | _____ | 13) Will you be doing any woodworking?  |
| _____ | _____ | 14) Will you be dealing with large amounts of waste material?   |
| _____ | _____ | 15) Does your refrigeration system contain more than 20 pounds of refrigerant?                        |
| _____ | _____ | 16) Will places of assembly take place on your premises in excess of 50 Persons (excluding employees) |

YES

NO

\_\_\_\_\_

\_\_\_\_\_

17) Will you handle, use or store, hazardous materials equal to, or  
In excess of 55 gallons, 500 pounds or 200 cubic feet? (common  
hazardous materials include gasoline, waste oil, paint thinner, and  
compressed gases).

\_\_\_\_\_

\_\_\_\_\_

18) Other:

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

TYPE OF BUSINESS REMARKS

\_\_\_\_\_  
Responsible signature

\_\_\_\_\_  
Print Name

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

Hazardous Materials Disclosure needed?

\_\_\_\_\_Yes \_\_\_\_\_NO

\_\_\_\_\_