



Non-Profit Business License Check List

Before a non-profit business license can be issued, the following items need to be submitted to for review and approval:

- Business License Application - must include either Federal Identification Number or Government Issued Identification/Social Security Number. Applications **will not** be review without this information.
- Certificate of Occupancy of Home Occupation Permit
- Fictitious Name Statement (if business is not under a sur-name).
 - This is issued through the County of Riverside Assessor-Clerk's Office. For more information on fictitious name statements, please visit <https://www.asrclkrec.com/Clerk/FictitiousBusinessNames.aspx>
- State Identification Number (if applicable) - to determine if a state license number is required, please visit the Contractor's License Board at www.cslb.ca.gov/.
- 501c3



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)

Business Name	_____
Corporate Name (if applicable)	_____
Business Location	_____ <small>(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)</small>
Mailing Address	_____ _____ _____
Phone No.	_____ Fax No. _____
Description of Business	_____
Ownership	<input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust

OFFICIAL USE ONLY	
<input type="checkbox"/>	Home Occupation _____
<input type="checkbox"/>	C of O _____
<input type="checkbox"/>	Street Vendor _____
<input type="checkbox"/>	Vendor - one day use _____
Business License No. _____	
Bus. Start Date _____	
Resale No. _____	
Federal ID No. _____	
State ID No. _____	
Consumer Affair No. _____	
State Lic. No. _____	
State Lic. Type _____	
Expire Date _____	

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

1st Owner Name	_____ Title _____	Date of Birth	_____
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No.	_____
Home Phone No.	_____ Cell / Pager No. _____	Soc. Sec. No.	_____
2nd Owner Name	_____ Title _____	Date of Birth	_____
Home Address <small>(Cannot be P.O. Box)</small>	_____	Driver Lic. No.	_____
Home Phone No.	_____ Cell / Pager No. _____	Soc. Sec. No.	_____

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

Contact Name	_____	Phone No.	_____
Address	_____	Cell/Pager No.	_____

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

No. of Employees

Part-time

Full-Time

NOTICE: 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 www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.ccda.ca.gov.

*Thank you for doing business
in the City of San Jacinto!*

Base Fee

Employee Fee

State CASp Fee

\$ 4.00

Other Fee

Total Due

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.



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:

- 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 _____
Building & Safety _____	Type Construction _____
Fire _____	Use Zone _____
Use Classification _____	Owner of Building Verified [] Yes [] No
	Building Address Posted [] Yes [] No
	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



Planning Division
595 S. San Jacinto Ave
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www.sanjacintoca.gov

Home Occupation Permit

The purpose of the Home Occupation Permit is to allow home occupations that are deemed incidental to, and compatible with, surrounding residential uses. A home occupation represents a legal commercial enterprise conducted by an occupant(s) of the dwelling.

Case Number: _____ Date Submitted: _____

Received by: _____ Fee: _____

For Planning Division Office Use Only

BUSINESS INFORMATION

Name of Applicant: _____

Home Address: _____

Telephone Number: _____ Email: _____

Business Name: _____

Describe the Type of Business: _____

PROPERTY OWNER INFORMATION

Property Owner Name (if other than applicant) _____

Property Owner Mailing Address _____

Property Owner Phone Number _____

FAILURE TO ACKNOWLEDGE ANY OF THE FOLLOWING DEVELOPMENT STANDARDS SHALL BE GROUNDS FOR DENIAL OF THIS HOME OCCUPATION PERMIT.

ACKNOWLEDGE
INITIAL

Home occupations shall comply with the applicable locational, developmental, and operational standards identified in this Section as well as any conditions imposed on the Home Occupation Permit.

Home Occupation Permits shall immediately expire upon discontinuance of the home occupation.

ACKNOWLEDGE
INITIAL

I acknowledge that, once approved, I will maintain a City Business License (separate application) the entire time I operate a home occupation. A Business License must be renewed annually.

The proposed Home Occupation does not include any of the following uses:

- A. Adult businesses;
- B. Alcohol sales;
- C. Ammunition, explosives, or fireworks, sales, use, or manufacturing;
- D. Barber and beauty shops;
- E. Businesses that entail the commercial breeding, boarding, grooming, harboring, kenneling, raising, and/or training of dogs, cats, or other animals on the premises;
- F. Carpentry (on-site) and cabinet making (does not prohibit a normal wood-working hobby operation);
- G. Dance club/night clubs;
- H. Fortune telling (Psychic);
- I. Lawn mower and/or small engine repair;
- J. Massage establishments (on-site);
- K. Medical and dental offices, clinics, and laboratories;
- L. Mini storage;
- M. Plant nursery;
- N. Retail or wholesale sales of products stored at the residence;
- O. Storage and/or sales of equipment, materials, and other accessories to the construction and service trades;
- P. Tattoo parlors;
- Q. Television, radio, or appliance repair;
- R. Tobacco/hookah lounges/parlors;
- S. Vehicle repair (body or mechanical), upholstery, automobile detailing (e.g., washing, waxing, etc.) and painting (This does not prohibit "mobile" minor repair or detailing at the customer's location);
- T. Vehicle sales that include on-site storage/sale of vehicles (online sales permitted);
- U. Welding and machining;

Only the permanent resident(s) of the subject dwelling shall be employed on the premises in the conduct of a home occupation.

The home occupation shall be conducted within a dwelling and shall be clearly incidental to the use of the structure as a dwelling.

There shall be no direct on-site sale of products, either wholesale or retail.

There shall be no exterior use or storage of material or mechanical equipment for the home occupation use and not for normal household or hobby use.

The use shall not generate pedestrian or vehicular traffic beyond that to be normal for the zone or neighborhood in which it is located.

ACKNOWLEDGE
INITIAL

Commercial vehicles or trailers, except those normally incidental to residential use, shall not be kept on the site, and any need for parking generated by the home occupation shall be met off the street and other than in a required yard.

The use shall not involve excessive storage of materials or supplies on the premises. Combustible and/or hazardous substances shall receive approval of the Fire Department.

There shall be no signs allowed other than the address for the main dwelling. There shall be no other advertising using the home address, with the exception of advertising in the telephone directory or via the Internet.

Not more than one room or the equivalent of 20 percent of the floor area of the entire dwelling unit, whichever is greater, shall be employed for the home occupation. Use of the garage is allowed; provided that all required vehicle storage is maintained in compliance with this Development Code, and the garage doors shall be closed at all times.

The appearance of the dwelling or any accessory structure shall not be altered so that the dwelling may be reasonably recognized as serving a nonresidential use (either by color, construction, dust, materials, odors, lighting, noise, signs, sounds, vibrations, etc. or that disturbs the peace). The existence of a home occupation shall not be apparent beyond the boundaries of the subject site.

There shall be no use of utilities or community facilities beyond that normal to the use of the property for residential purposes as defined in the zone.

The City shall have the right at any time, upon request, to enter and inspect the premises subject to a Home Occupation Permit in order to verify compliance with the locational, developmental, and operational standards identified in Section 17.615.070 (Compliance with Standards and Conditions).

The proposed home occupation will be consistent with the General Plan, any applicable specific plan, and the development and design standards of the subject residential zone.

The proposed home occupation will not be detrimental to the public convenience, health, interest, safety, or welfare, or materially injurious to the properties or improvements in the immediate vicinity.

The proposed home occupation will not interfere with the use or enjoyment of neighboring existing or future residential developments, and will not create traffic or pedestrian hazards.

Preparation or Sale of food items requires approval from the Riverside County Health Department prior to permit issuance. (Proof of Health Permit Required)

I CERTIFY UNDER THE PENALTY OF THE LAWS OF THE STATE OF CALIFORNIA THAT I HAVE RECEIVED AUTHORIZATION FROM THE PROPERTY OWNER OF THE PROPERTY THAT IS THE SUBJECT MATTER OF THIS APPLICATION AND I AM AUTHORIZING AND DO HEREBY CONSENT TO THE FILING OF THIS APPLICATION AND ACKNOWLEDGE THAT I WILL OPERATE THE BUSINESS WITHIN THE REQUIREMENTS OUTLINED IN THE DEVELOPMENT CODE AND SUMMARIZED ABOVE. I FURTHER AGREE TO WAIVE ANY RIGHT TO LATER CHALLENGE ANY CONDITIONS IMPOSED AS UNFAIR, UNNECESSARY, OR UNREASONABLE.

I FURTHER CERTIFY THAT I WILL OPERATE THE HOME OCCUPATION IN COMPLIANCE WITH ALL APPLICABLE STANDARDS OF THE DEVELOPMENT CODE AND ANY CONDITIONS OF APPROVAL IMPOSED BY THE CITY. VIOLATION OF THESE STANDARDS OR CONDITIONS OF APPROVAL, OR ACTIONS WHICH MAKE THE NECESSARY FINDINGS VOID SHALL BE GROUNDS FOR REVOCATION OF THIS HOME OCCUPATION PERMIT. I FURTHER UNDERSTAND THAT IF THIS PERMIT IS REVOKED, THE HOME OCCUPATION SHALL CEASE IMMEDIATELY.

PRINTED NAME OF APPLICANT

APPLICANT SIGNATURE

For Planning Staff Only:

Zoning: _____

Home Occupation Use is Permitted: _____ Yes _____ No

Additional Conditions Required: _____ Yes (attached) _____ No

In approving this Home Occupation Permit, the Director makes the following Findings:

1. The proposed home occupation is consistent with the General Plan, any applicable specific plan and the development and design standards of the subject residential zone.
2. The proposed home occupation will not be detrimental to the public convenience, health, interest, safety, welfare, or materially injurious to the properties or improvements in the immediate vicinity.
3. The proposed home occupation will not interfere with the use of enjoyment of neighboring existing or future residential developments, and will not create traffic or pedestrian hazards.

APPROVED BY

Date