



## Out of Town Business License Check List

Before an out of town 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.
- 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/](http://www.cslb.ca.gov/).



# 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	

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)

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>SSN/ITIN</b> _____
<b>Home Phone No.</b> _____	<b>Cell</b> _____	<b>Other ID No.</b> _____
<b>2nd 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>SSN/ITIN</b> _____
<b>Home Phone No.</b> _____	<b>Cell</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. \_\_\_\_\_

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](http://www.dgs.ca.gov/dsa) - The Department of Rehabilitation at [www.dor.ca.gov](http://www.dor.ca.gov) - The California Commission on Disability Access at [www.ccda.ca.gov](http://www.ccda.ca.gov).

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

Base Fee

Employee Fee

Other Fee

State CASp 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.

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.