



Transportation Services Business License Check List

Before a transportation service 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.
- Home Occupancy Permit **or** Certificate of Occupancy
- Certificate of Compliance
- DMV Registration and Insurance Verification
- 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.asrclrec.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/.
- Seller's Permit – free permit required in California
 - 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 <http://www.ca.gov/Agencies/Tax-and-Fee-Administration-California-Department-of-Agency-Services/Apply-for-Sellers-Permit> or <http://www.boe.ca.gov/electsrv/ereg/index.html>



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)

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.

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

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

Contact Name	Phone No.
Address	Cell/Pager No.

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	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 - The Department of Rehabilitation at www.dor.ca.gov - The California Commission on Disability Access at www.ccda.ca.gov . <i>Thank you for doing business in the City of San Jacinto!</i>	Base Fee	
Part-time		Employee Fee	
Full-Time		Other Fee	
		State CASp Fee	\$ 4.00
		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, & 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 COMPLIANCE

Please print legibly or type all required information. Failure to provide requested information may cause a delay in the processing or may void the processing of your request.

Name: (First) (Middle) (Last)									
Residence Address: (Street Number & Name) (City) (State) (Zip Code)									
Business Address: (Street Number & Name) (City) (State) (Zip Code)									
Phone Numbers: Residence ()					Work: ()			Cell: ()	
Sex		Height		Weight		Hair Color		Eye Color	
Date of Birth: (Month/Day/Year)					Place of Birth: (City/State)				
Driver's License No. Or I.D. Card No.					State:				
List Three Names and Addresses of Personal References:									
Name		Address			City		Telephone		
Give complete description of business or activity for which this certificate is requested:									
Name of Business/Activity									
Location of Business/Activity									
Owner/Agent									
Have you ever been convicted of a FELONY crime?						Yes	No		
If Yes:	What?			When?		Where?			
Have you ever been convicted of a MISDEMEANOR crime?						Yes	No		
If Yes:	What?			When?		Where?			

BY MY SIGNATURE AFFIXED BELOW, I AFFIRM THE INFORMATION PROVIDED ON THIS CERTIFICATE OF COMPLIANCE IS TRUE AND CORRECT.

Signature: _____ **Date:** _____

SAN JACINTO POLICE DEPARTMENT APPROVAL:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

COMMUNITY DEVELOPMENT DEPARTMENT APPROVAL:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

FOR ISSUING AUTHORITY USE:

Approved as submitted

Approved with the following conditions: _____

Disapproved

Remarks: _____

Approved by: _____ Date: _____

LICENSE ISSUED:

YES

NO

DATE: _____



Planning Division
595 S. San Jacinto Ave
San Jacinto, CA 92583
(951) 487-7330
Fax (951) 654-9896
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