



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

- Please Check One*
- New Application
 - Change of Owner
 - Change of Address
 - Change of Business Name
 - HOME OCCUPATION

BUSINESS LICENSE APPLICATION

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
	Business License No. _____ SIC/NAIC CODE _____ HOP or C of O No. _____ APN _____ Case File _____ <input type="checkbox"/> Proof of Workers' Compensation 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. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address <small>(Cannot be P.O. Box)</small>		Driver Lic. No. _____
		Soc. Sec. No. _____
Home Phone No. _____	Cell / Pager 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 <input style="width: 50px; height: 20px;" type="text"/> Full-Time <input style="width: 50px; height: 20px;" type="text"/>	<p><small>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.cdda.ca.gov.</small></p> <p><i>Thank you for doing business in the City of San Jacinto!</i></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Base Fee</td> <td style="width: 30%;"><input style="width: 90%; height: 20px;" type="text"/></td> </tr> <tr> <td>Employee Fee</td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> <tr> <td>State CASp Fee</td> <td style="text-align: center;">\$ 4.00</td> </tr> <tr> <td>Other Fee</td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> <tr> <td>Total Due</td> <td><input style="width: 90%; height: 20px;" type="text"/></td> </tr> </table>	Base Fee	<input style="width: 90%; height: 20px;" type="text"/>	Employee Fee	<input style="width: 90%; height: 20px;" type="text"/>	State CASp Fee	\$ 4.00	Other Fee	<input style="width: 90%; height: 20px;" type="text"/>	Total Due	<input style="width: 90%; height: 20px;" 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.