



CITY OF SAN JACINTO

595 S. San Jacinto Ave. San Jacinto, CA 92583

BUSINESS LICENSE APPLICATION FOR RENTAL PROPERTY

The undersigned hereby requests a License in compliance with Municipal Code 5.04 & 5.08.

Business License annual fee is \$70.00 up to 4 Properties/Units plus \$1.00 each for 5 or more Properties/Units. Please complete and return to address indicated below. If you have any questions please call (951) 487-7330 Ext. 363 Monday – Thursday 7:30 am-5:30 pm. Please list each rental property you own and is located in San Jacinto. Please indicate if Residential, Business or other Accommodations plus number of Units, Suites, Rooms or Spaces. If additional Property is owned, please list on the back of this form.

Rental Property Address #1: _____

Residence ___ Business ___ Commercial ___ Industrial ___
Single ___ Duplex ___ Triplex ___
■ Number of Units, Suites or Spaces ___
Apartments ___ Mobile Home /Trailer Park ___ Boarding House ___ Hospital ___ Hotel/Motel ___
Rest Home ___ Other _____
■ Number of Units, Rooms or Spaces ___

Rental Property Address #2 _____

Residence ___ Business ___ Commercial ___ Industrial ___
Single ___ Duplex ___ Triplex ___
■ Number of Units, Suites or Spaces ___
Apartments ___ Mobile Home/Trailer Park ___ Boarding House ___ Hospital ___ Hotel/Motel ___
Rest Home ___ Other _____
■ Number of Units, Rooms or Spaces ___

PROPERTY OWNER SECTION:

Owner Name: _____ Phone Number: _____

Mailing Address: _____

Is there a Co-Owner? ___ No ___ Yes /Their Name _____

Their Mailing Address: _____

Is this property managed by a Property Management company? ___ No ___ Yes. If, yes, please complete:

Business Name: _____ Phone: _____

Business Mailing Address: _____

Please make your check payable to: The City of San Jacinto.

Please remit to: City of San Jacinto, P.O. Box 488, San Jacinto, CA 92581.

Applicant/Property Owner signature _____ Date _____

Driver's License No. _____ State Issued _____ Date of Birth _____

Applicant/Co-Owner signature _____ Date _____

Driver's License No. _____ State Issued _____ Date of Birth _____

Official Use Only: Amount Paid \$ _____ Check # _____ Date Rec'd _____
Rec'd by _____ Reviewed by _____ Business License # _____

Please check one
o New Application
o Change of Owner
o Change of Address