



**CITY OF SAN JACINTO**  
 595 S San Jacinto Ave - San Jacinto, CA 92583  
 (951) 487-7330 - FAX (951) 487-6779

- 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)

<b>Business Name</b> _____ <b>Corporate Name</b> <small>(if applicable)</small> _____ <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	<b>OFFICIAL USE ONLY</b> <b>Business License No.</b> _____ <b>SIC/NAIC CODE</b> _____ <b>HOP or C of O No.</b> _____ <b>APN</b> _____ <b>Case File</b> _____ <input type="checkbox"/> <b>Proof of Workers' Compensation</b>  <b>Bus. Start Date</b> _____ <b>Resale No.</b> _____ <b>Federal ID No.</b> _____ <b>State ID No.</b> _____ <b>Consumer Affair No.</b> _____ <b>State Lic. No.</b> _____ <b>State Lic. Type</b> _____ <b>Expire Date</b> _____
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Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

<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>Home Phone No.</b> _____	<b>Cell / Pager No.</b> _____	<b>Soc. Sec. 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>Home Phone No.</b> _____	<b>Cell / Pager No.</b> _____	<b>Soc. Sec. 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> _____

Alarm Company, if applicable (attach additional sheet, if necessary)

<b>Company Name</b> _____	<b>License No.</b> _____
<b>Address</b> _____	<b>Phone No.</b> _____

<b>No. of Employees:</b> Part-time <input style="width: 50px; height: 20px;" type="text"/> Full-Time <input style="width: 50px; height: 20px;" type="text"/>	<p><i>Thank you for doing business in the City of San Jacinto!</i></p>	<b>Base Fee</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Employee Fee</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Other Fee</b> <input style="width: 80%; height: 20px;" type="text"/> <b>Total Due</b> <input style="width: 80%; 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.

## BUSINESS LICENSE FEE SCHEDULE

<u>Most Businesses</u> \$70 per year base fee. Covers one person (owner, agent, manager representative, etc.) Plus graduated scale for employees listed below.	<u>Contractors – Engineering, General, &amp; Misc.</u> Class A                      \$80* per year base fee 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.
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### 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.