



OPERATING A BUSINESS IN THE CITY OF HEMET

City of Hemet Business License
*Office: 445 E. Florida Ave • Mon-Fri
7:30am-5:30pm*
Phone: (951) 765-2358

Hemet Municipal Code(s) 18-211 thru 18-234

PLEASE REVIEW AND COMPLETE THE FOLLOWING STEPS BEFORE SUBMITTING THE BUSINESS LICENSE APPLICATION:

1. OBTAIN A “C OF O” OR “HOP” DEPENDING ON THE BUSINESS OPERATIONS

- AT A COMMERCIAL LOCATION:

Obtain a Certificate of Occupancy (C of O) (if the office building is located within the city of Hemet) Approval from the City of Hemet Building & Safety Department is required for this certificate to ensure the business meets certain criteria and guidelines. A separate fee is associated with obtaining this certificate. Contact the Building & Safety Department in person at City Hall, 445 E Florida Ave, Hemet, CA, via email at planstaff@hemetca.gov or by phone at (951) 765-2475.

OR

- FROM HOME / MOBILE:

Obtain a Home Occupation Permit (HOP) (if residing in the city of Hemet) Approval from the City of Hemet Planning Department is required for this permit to ensure the business meets certain criteria and guidelines. A separate fee is associated with obtaining this permit. Contact the Planning Department in person at City Hall, 445 E Florida Ave, Hemet, CA, via email at planstaff@hemetca.gov or by phone at (951) 765-2375.

- 2. FICTITIOUS BUSINESS NAME (if applicable)** If the business name does not include the owner's last name, filing for a Fictitious Business Name with the Riverside County Clerk's Office is required. Contact them at 951-486-7000 or visit www.rivcoarc.org/Fictitious-Business-Names. The local office is located at 880 N State St, Suite B-6 Hemet, CA.

- 3. BUSINESS LICENSE.** Submit the completed business license application to City Hall at 445 E Florida Ave, Hemet, CA, or via email at cobl@hemetca.gov. A separate fee is required to obtain this license. Include the following with your application:

- Business License Application
 - Tenants conducting business on a property: Fill out the designated spot on the right side of the application with the property owner's name and signature, confirming approval of the business operation.
- Approved “C of O” or “HOP”
- Fictitious Business Name (if applicable)

CITY OF HEMET BUSINESS LICENSE APPLICATION

445 E. FLORIDA AVE • HEMET, CA 92543 • PHONE (951) 765-2358

EMAIL: COHBL@HEMETCA.GOV • WEB: HEMETCA.GOV

- COFO HOP BOOTH RENTAL
 TEMP FTP SVP 1 JOB ONLY

BUSINESS INFORMATION: out of city business

BUSINESS NAME _____		HEMET START DATE _____	
BUSINESS ADDRESS _____		BUSINESS MAILING ADDRESS _____	
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____		
<small>(Any Hemet street address 4-digits or less requires additional COH permitting)</small>			
BUSINESS PHONE _____		BUSINESS FAX NUMBER _____	
BUSINESS DESCRIPTION _____		SELLERS' PERMIT # _____	
<small>(will appear on license)</small>		<small>(if applicable)</small>	
SSN OR TAX ID _____	PRODUCTS SOLD _____		
<small>(will NOT be disclosed to any third party)</small>	<small>(if applicable)</small>		

OWNER OR OFFICER INFORMATION:

TYPE OF OWNERSHIP: SOLE PROPRIETOR CORPORATION LLC PARTNERSHIP OTHER _____
If not listed enter of Type Ownership

PRIMARY OWNER _____		SECONDARY OWNER _____	
HOME ADDRESS _____		HOME ADDRESS _____	
CITY _____ STATE _____ ZIP _____	CITY _____ STATE _____ ZIP _____		
HOME PHONE # _____		HOME PHONE # _____	
EMAIL ADDRESS _____			
EMERGENCY CONTACT NAME _____		PHONE# _____	

BUSINESS TYPE - CHOOSE ONE & FILL IN REQUESTED INFORMATION:

SERVICE OR RETAIL: # OF EMPLOYEES (NOT INCLUDING OWNERS): F/T _____ P/T _____ # OF PARTNERS/PROFESSIONALS: _____

CONTRACTOR: STATE LICENSE # _____ CLASSIFICATION _____ EXP DATE _____

CONTRACTOR: **1 JOB ONLY** - ONE JOB ONLY SITE ADDRESS _____
SINGLE JOB LICENSE FOR ONE LOCATION ONLY - NO PORTION OF FEE WILL BE APPLIED TO ANY FUTURE LICENSE - EXPIRES UPON COMPLETION

VEHICLES: # of Vehicles - _____ Gross weight of vehicles - _____

TEMPORARY EVENT: _____ BOOTH RENTAL: _____
NAME OF THE SALON

OTHER: _____

*SB 1186 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.

\$\$\$ The acceptance of license fee/s and issuance of this business license does not entitle the license holder to carry on any business which is otherwise prohibited. Before your business may operate, it may be necessary for you to obtain one or more of the following: a Certificate of Occupancy, a Home Occupation Permit, a Conditional Use Permit, other City, State or Federal approvals applicable to your business.

\$\$\$ By signing below, I declare under penalty of perjury, that the information in this application is true and correct, that I have read and understand the above.

PRINT NAME _____ SIGNATURE _____ DATE _____

- PERMIT REQUIRED:**
 SINGLE FAMILY APARTMENT
 MOBILE HOME COMMERCIAL

I have read and will comply with all conditions by which a Home Occupation Permit is allowed. (HMC 90-72)

APPLICANT SIGNATURE _____

PROPERTY OWNER PRINT NAME _____

*PROPERTY OWNER SIGNATURE _____

* VERIFIED BY: _____

FOR CITY USE ONLY

PLANNING SIGNATURE _____

BUILDING SIGNATURE (if commercial) _____

ZONE _____

PERMIT # _____

PAYMENT DETAILS

1163 _____

1164 _____

1167* 3.40

1168* .20

1169* .40

TOTAL _____