

CITY OF HEMET BUSINESS LICENSE APPLICATION

445 E. FLORIDA AVE. • HEMET, CA 92543 • PHONE (951) 765-2358 • FAX (951) 765-2336
www.hemetca.gov

BUSINESS INFORMATION:

BUSINESS NAME _____ HEMET START DATE _____

BUSINESS ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE _____ FAX NUMBER _____

BUSINESS DESCRIPTION _____ SELLERS' PERMIT # _____
(will appear on license) (if applicable)

SSN OR TAX ID _____ PRODUCTS SOLD _____
(will NOT be disclosed to any third party) (if applicable)

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 _____

CONTRACTOR: STATE LICENSE # _____ CLASSIFICATION _____ EXP DATE _____

CONTRACTOR: **1 JOB ONLY** ONE JOB ONLY SITE ADDRESS _____
***NO PORTION OF FEE WILL BE APPLIED TO ANY FUTURE LICENSE**

Industrial Business: Primary Standard Industrial Classification (SIC) code required per SB205 _____
(Commerce.Gov for a list of codes)

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 _____

FOR CITY USE ONLY

CITY BUSINESS LICENSE #

SSN / TAX I.D. / INITIALED VERIFIED BY: _____

HOME OCCUPATION PERMIT

SINGLE FAMILY
 APARTMENT MOBILE HOME

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

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

PLANNING SIGNATURE _____

ZONE _____

PERMIT # _____

PAYMENT DETAILS

1163 _____

1164 _____

1167* 3.40

1168* .20

1169* .40

3601 _____

TOTAL _____

WHITE-BL YELLOW-CUST PINK-CASHIER