

CITY OF HEMET • BUSINESS LICENSE APPLICATION

445 E FLORIDA AVE•HEMET CA 92543

PHONE (951) 765-2358•FAX (951) 765-2336

www.cityofhemet.org

BUSINESS INFORMATION:

BUSINESS NAME _____ HEMET START DATE _____

BUSINESS ADDRESS _____ MAILING ADDRESS _____

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

BUSINESS PHONE (_____) _____ FAX (_____) _____

BUSINESS DESCRIPTION _____ SELLERS' PERMIT # _____

SOCIAL SECURITY OR FEDERAL TAX I.D. _____ PRODUCT SOLD _____

OWNER OR OFFICER INFORMATION:

TYPE OF OWNERSHIP: SOLE PROPRIETOR CORPORATION PARTNERSHIP OTHER

PRIMARY OWNER _____ SECONDARY OWNER _____

HOME ADDRESS _____ HOME ADDRESS _____

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

HOME PH# (_____) _____ HOME PH# (_____) _____

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 JOB SITE _____ NO PORTION OF FEE WILL BE APPLIED TO FUTURE LICENSES

RENTAL PROPERTY TOTAL # OF UNITS _____ LOCATION(S) _____

OTHER _____

******* The issuance of a 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.

******* I declare under penalty of perjury, that the information in this application is true and correct.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

CITY LIC # _____

FOR CITY USE ONLY

CERT OF OCC# _____

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)

SPECIAL CONDITIONS:

APPLICANT SIGNATURE _____

PROPERTY OWNER SIGNATURE _____

PLANNING _____

ZONE _____ HOP # _____

PAYMENT DETAILS

T/C: _____ FEE: _____

1166 _____

1163 _____

1164 _____

3601 _____

TOTAL _____

WHITE-BL YELLOW-CUST PINK-CASHIER