



BUSINESS LICENSE APPLICATION

CITY OF SAN JUAN CAPISTRANO
32400 PASEO ADELANTO
SAN JUAN CAPISTRANO, CA 92675
WWW.SANJUANCAPISTRANO.ORG

APPLICATIONS ARE ACCEPTED
IN PERSON OR BY MAIL:
MON.-THUR. 7:30AM-5:30PM
FRIDAY 7:30AM-4:30PM
(949) 493-1515

SECTION A – BUSINESS INFORMATION

| | | | |
|---|--|---------------------|------|
| Business Name/ D.B.A.: | | Business Phone No.: | |
| Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit | | Email Address: | |
| Business Location: | City: | State: | Zip: |
| Mailing Address: | City: | State: | Zip: |
| Application Is For: <input type="checkbox"/> New Business <input type="checkbox"/> Change of Address <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Business Name Change | | | |
| Write Previous Address, Ownership, or Business Name: | | | |
| Today's Date: | Business Start Date: | | |
| No. of Employees: | If business is located in SJC, approximate sq. footage of space: | | |
| Type of Business (Be Specific): | | | |
| State Contractor's License No.: <small>CONTRACTOR'S LICENSE # REQUIRED FOR VERIFICATION PURSUANT TO AB2823</small> | | | |
| FEIN: | EIN: | State Sales Tax ID: | |

SECTION B – OWNER INFORMATION

| | | | |
|---|--------|--------------------|------|
| Owners Name: | | Contact Phone No.: | |
| SSN (If Sole Ownership Only): | | Email Address: | |
| Home Address: | City: | State: | Zip: |
| <i>Please List Information Regarding Officers and Titles:</i> | | | |
| Name: | Title: | Phone No.: | |
| Name: | Title: | Phone No.: | |

ACKNOWLEDGMENT TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S)

I understand that this business license application does not authorize me to operate until I have fulfilled requirements of all applicable City and outside agency laws, permits or licenses. I also understand that License Certificates issued pursuant to the provisions of the San Juan Capistrano Municipal Code Title 3- Business Licenses requires the City License Collector to add penalties for failure to pay a business license fee. I certify under penalty of perjury that the above information is correct and I am an authorized representative of this business.

Print Name: _____ Signature: _____ Date: _____

FOR PLANNING DIVISION USE ONLY

| | | |
|-----------------|---------------------------------------|-------------------------------------|
| Date of Zoning: | <input type="checkbox"/> Approved By: | <input type="checkbox"/> Denied By: |
| Determination: | | |

SECTION C – PLEASE CHECK THE APPROPRIATE BOXES

| | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will business be conducted in your home? (Requires Home Occupation Permit if in City of SJC) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | If new business, will you be displaying a sign? (Requires a Banner App. or Sign Permit) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you plan to solicit? (Requires proof of tax exempt status, list of names, times and locations) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Will you be vending from a vehicle? (Requires Vendor Permit) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you participating in a special event as a concession or vendor in SJC? If yes, list the name of the event: |

PLEASE INDICATE FEES – REFER TO FEE SCHEDULE

| | | |
|---|---|-------|
| Base Fee: | = | _____ |
| | \$44.48 in City/ \$11.30 Out of City | |
| Application Processing Fee: | = | _____ |
| No. of Professional Employees: (e.g., Accountants, Doctors, Dentists, Lawyers) | x \$25.00 = | _____ |
| No. of NonProfessional Employees: | x \$5.00 = | _____ |
| No. of Vending Machines: | x \$1.00 = | _____ |
| No. of Housing / Commercial Units: | x \$1.00 = | _____ |
| Disability Access Fee (Pursuant to SB 1186): | = | _____ |
| Other (Flat rate): | = | _____ |
| | Sub Total..... = | _____ |
| | Late Fees (if applicable)..... = | _____ |
| | Total Amount Due..... = | _____ |

FEES MUST ACCOMPANY THIS APPLICATION. PLEASE CALL OUR OFFICE FOR TOTAL AMOUNT DUE.

PLEASE MAKE CHECKS PAYABLE TO: THE CITY OF SAN JUAN CAPISTRANO.

OFFICE USE ONLY

| | | |
|-------------------------------------|--|--|
| Business License No.: | SIC Code: | NPDES: <input type="checkbox"/> LP <input type="checkbox"/> MP <input type="checkbox"/> HP |
| Received By: | | Received Date: |
| Receipt No.: | | Amount Paid: |
| <input type="checkbox"/> Check No.: | <input type="checkbox"/> Credit Card Ref. No.: | <input type="checkbox"/> Cash |
| Notes: | | |
| | | |