

CITY PLANNING: 623-4661
CITY FIRE: 623-4513
COUNTY SHERRIFF: 636-4080
CITY BUILDING: 636-4355(Hollister Office)
COUNTY HEALTH: 636-4035

City of San Juan Bautista
P.O. Box 1420
311 Second Street
San Juan Bautista, CA 95045
(831) 623-4661



City of San Juan Bautista Business License Application

NEW (or) **RENEWAL**

**THIS IS A NON-REFUNDABLE BUSINESS TAX FOR A BUSINESS LICENSE ONLY.
THIS IS NOT A PERMIT TO OPERATE**

CAUTION!! NEW BUSINESSES!! BEFORE PAYING THIS TAX the applicant **must** check with **Planning, Fire** and **Building** Departments to comply with zoning codes, obtain and comply with all necessary permits, and inspections for this business. If you **fail** to contact these departments prior to starting your business your **TAX MAY NOT BE REFUNDED. KNOW AND UNDERSTAND ALL CITY LAWS RELATED TO OPERATING A BUSINESS.**

This form must be filled out completely for **NEW or RENEWAL** and returned to the City for review.

SECTION 1: BUSINESS AND OWNER INFORMATION

Business Name _____ Phone _____

Business Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Type of Business (what are you selling or doing?) _____

Business is Operated as: (check one) Corporation Partnership Sole Trust

Fed. Emp. ID# or Soc. Sec.# _____ Home Occupation: Y or N

State Tax ID # _____ Board of Equalization # _____

Owner/Manager Name _____ Phone _____

Home Address _____ City _____ State _____ Zip _____

Emergency Contact Name _____ Phone _____

This information is confidential to the extent allowed by law and the California Constitution Article 1, Section 1

SECTION 2: BUSINESS TYPE (check one):

Merchant (**must include annual gross receipts or other basis for the prior year if applicable**) \$ _____ (SJBMC 3-3-510)

Contractor Type _____ ID # _____ Professional (no sales tax collected) Massage

Realtor Property Management (# units) _____ Apartments (# units) _____ Delivery Vehicles (#) _____

Non-Profit/Exempt (must attach copy of certification) Transportation/Sales of Goods

Other _____

I certify (or declare) under penalty or perjury that the foregoing is true and correct.

Authorized Signature: _____ **Date** _____

FOR CITY USE ONLY:

PLANNING(initial) _____ **FIRE(initial)** _____ **BUILDING(initial)** _____

BUSINESS # _____ **STATUS:** Active / Inactive **LOCATION:** Inside / Outside **Change of:** Ownership Location

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3-3-615 Tax – Amounts

(A) Every person who engages in business within the City, unless exempted pursuant to SJBMC 3-3-400 or required to pay a flat fee in subsection (B) of this section, shall pay an annual license tax on the total annual gross receipts of said businesses based on the following system:

Up to \$10,000	\$30.00
\$10,001 to \$45,000	\$60.00
\$45,0001 to \$95,000	\$120.00
\$95,0001 to \$145,000	\$150.00
\$145,001 to \$195,000	\$180.00
Over \$195,000	\$210.00

(B) The following businesses shall pay the flat tax enumerated below:

Accountant	\$150/year	Geologist	\$150/year
Acupuncturist	\$150/year	Laundry	\$100/year
Appraiser	\$150/year	Newspaper	\$150/year
Architect	\$150/year	Optometrist	\$150/year
Assayer	\$150/year	Pawn Broker	\$100/year
Attorney	\$150/year	Pickup/delivery	
Auctions	\$250/year	Retail	\$40/yr first truck
Bookkeeper	\$150/year		\$15/yr additional truck
Boxing;		Wholesale	\$30/yr first truck
-500 seats	\$50/day		\$10/yr additional truck
+500 seats	\$100/day	Professionals, misc.	\$150/year
Broker;	\$150/year	Real Estate	
Bail		Rentals	\$150/year
Bonds		Sales	\$150/year
Insurance		Surgeon	\$150/year
Real Estate		Motorized taxicabs	\$25/year per vehicle
Stocks, etc.		Nonmotorized taxicabs, pedicabs, wagons	\$15/year per vehicle
Buses	\$25/year per vehicle	and carriages	
Carnival	\$150/day	Therapy;	\$150/year
Circus	\$150/day	Physical	
Chemist	\$150/day	Psychology, etc.	
Chiropractor	\$150/year	Veterinarian	\$150/year
Dentist	\$150/year	Wrestling;	
Doctor	\$150/year	-500 seats	\$50/day
Engineer	\$150/year	+500 seats	\$100/day
Film Production	\$100/day		

(C) The following special events rates shall apply:

Tent Sales:

Cars	\$5/per vehicle/7days
SUB/Trucks	\$10/per vehicle/7days
Trailer	\$25/per trailer/7days
Motorhome	\$20/per vehicle/day

Other special events vendors will be required to purchase a regular retail business license.

*******NOTICE*******

SIGNS - ALL BUSINESS SIGNS IN SAN JUAN BAUTISTA REQUIRE REVIEW AND APPROVAL BY THE PLANNING COMMISSION. THIS REQUIRES THAT YOU FILL OUT A SIGN APPLICATION AND SUBMIT IT TO THE CITY PLANNER WITH DRAWINGS SHOWING SIGN SIZE, LETTERING, COLOR, PROPOSED MATERIALS THAT WILL BE USED, DESCRIPTION OF HOW SIGN(S) WILL BE PLACED AND/OR ATTACHED AND/OR SUPPORTED. THERE IS A FEE FOR THIS SIGN PERMIT PROCESS. CONTACT THE CITY PLANNER OR THE CITY'S FRONT DESK CLERK FOR THE CURRENT FEE. THE CITY'S WEB SITE (<http://www.san-juan-bautista.ca.us/cityPlanning.htm>) INCLUDES THE MUNICIPAL CODE SECTION ON SIGNS (Chapter 11.10). PLEASE REVIEW THIS SECTION.

TAXES - SALES OR USERS TAX MAY APPLY TO YOUR BUSINESS. YOU MAY SEEK WRITTEN ADVICE REGARDING THE APPLICATION OF TAX TO YOUR PARTICULAR BUSINESS BY WRITING TO THE NEAREST STATE BOARD OF EQUALIZATION OFFICE.

HAZARDOUS MATERIALS - IF YOUR BUSINESS INCLUDES POTENTIALLY HAZARDOUS MATERIALS YOU WILL NEED TO NOTIFY THE CITY OF THIS FACT BEFORE OPENING THE BUSINESS AND BEFORE PAYING A BUSINESS LICENSE FEE. CITY STAFF MUST KNOW OF POTENTIAL HAZARDOUS MATERIALS YOU MAY USE AS THERE ARE STATE AND FEDERAL LAWS THAT MAY APPLY TO ITS TRANSPORTATION, STORAGE AND USE.

ATTACHED TO THIS BUSINESS LICENSE ARE FOUR QUESTIONNAIRES. IF THE ATTACHED QUESTIONNAIRES ARE NOT RETURNED WITH THE LICENSE APPLICATION YOUR APPLICATION WILL NOT BE PROCESSED.

**CITY OF SAN JUAN BAUTISTA
ZONING CLEARANCE**

NOTE: THIS APPLICATION FORM IS FOR ZONING CLEARANCE ONLY AND DOES NOT AUTHORIZE CONSTRUCTION OR PHYSICAL OCCUPATION OF A STRUCTURE.

1. GENERAL INFORMATION

ADDRESS OF THE BUSINESS _____ PHONE _____
NAME OF THE BUSINESS _____
APPLICANT'S NAME _____ PHONE _____
APPLICANT'S ADDRESS _____
DESCRIPTION OF BUSINESS _____
ANTICIPATED DATE OF OCCUPANCY _____
ANTICIPATED NUMBER OF EMPLOYEES _____ BUSINESS HOURS _____
DAYS OF OPERATION _____

2. LOCATION INFORMATION

BUSINESS AREA: 1ST Floor _____ SQ/FT 2ND FLOOR _____ SQ/FT
OUTSIDE AREA FOR STORAGE _____ SQ/FT GROSS
OUTSIDE AREA FOR SEATING _____ SQ/FT GROSS
_____ A SINGLE TENANT BUILDING / _____ MULTI-TENANT BUILDING
NUMBER OF ON-SITE PARKING SPACES _____ (**DO NOT INCLUDE
PARKING IN STREET**)
_____ EXISTING SIGN TO BE REFACED or _____ NEW SIGN PROPOSED
_____ (**ALL SIGNS MUST BE CONSISTANT WITH THE CITY OF
SAN JUAN BAUTISTA SIGN ORDINANCE CHAPTER 11.10 AND
REQUIRES ARCHITECTURAL REVIEW AND MAY REQUIRE A
BUILDING PERMIT**)

- 3. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION, WHICH I HAVE SET FORTH IN THIS APPLICATION, IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO OPERATE THE ABOVE DESCRIBED BUSINESS IN STRICT COMPLIANCE WITH THE CITY ZONING REGULATIONS GOVERNING THAT BUSINESS.

SIGNATURE _____ DATE _____

4. FOR OFFICE USE ONLY

AUTHORIZING ORDINANCE SECTION _____
DATE APPROVED _____
DATE DENIED _____
REASON FOR DENIAL _____
COMMENTS/STIPULATIONS _____

6/15/2010

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WORKERS' COMPENSATION DECLARATION

I HEREBY AFFIRM UNDER PENALTY OF PERJURY ONE OF THE FOLLOWING DECLARATIONS:

ÿ I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORKERS' COMPENSATION, AS PROVIDED BY SECTION 3700¹, FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

ÿ I HAVE AND WILL MAINTAIN WORKERS' COMPENSATION INSURANCE, AS REQUIRED BY SECTION 3700, FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

MY WORKERS' COMPENSATION INSURANCE INFORMATION IS:

CARRIER _____
POLICY NUMBER _____

ÿ I CERTIFY THAT IN THE PERFORMANCE OF ANY BUSINESS ACTIVITIES FOR WHICH THIS LICENSE IS ISSUED I SHALL NOT EMPLOY ANY PERSON IN ANY MANNER SO AS TO BECOME SUBJECT TO WORKERS' COMPENSATION LAWS OF CALIFORNIA, AND AGREE THAT IF I SHOULD BECOME SUBJECT TO THE WORKERS' COMPENSATION PROVISIONS OF SECTION 3700 OF THE LABOR CODE, I SHALL FORTHWITH COMPLY WITH PROVISIONS OF SECTION 3700.

NAME _____ DATE _____

ADDRESS _____ SIGNATURE _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINAL PENALTIES AND CIVIL FINES UP TO \$100,000, IN ADDITION TO THE COST OF COMPENSATION, DAMAGES AS PROVIDED FOR THE SECTION 3706 OF THE LABOR CODE, INTEREST, AND ATTORNEY'S FEES.

1/26/2010

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¹ Section 3700 of the California Labor Code

SAN JUAN BAUTISTA
SAN BENITO COUNTY SHERIFF DEPARTMENT

Business Name: _____ Bus Tel: _____

Business Address: _____

Business Owner: _____

Address: _____

Home Tel: _____

Cellular: _____

Fax: _____

Emergency Contacts Other Than Owner:

Name: _____ Telephone: _____

Address: _____ Cellular: _____

Name: _____ Telephone: _____

Address: _____ Cellular: _____

Property/Building Owner:

Name: _____

Address: _____

Home Tel: _____

Cellular: _____

Fax: _____

Please mail or return to San Benito County Sheriff Department
451 Fourth St, Hollister, CA 95023 or Fax to (831)626-1416

BUILDING CONDITION DECLARATION

IT IS IMPERATIVE THAT THE CITY KNOW WHETHER YOU ARE PROPOSING TO MODIFY THE STRUCTURE YOU WILL OWN OR LEASE IN WHICH TO OPERATE YOUR BUSINESS. IF STRUCTURAL CHANGES ARE MADE TO THE INTERIOR OR THE EXTERIOR OF THE BUILDING WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, THE ROOF, WALLS, ELECTRICAL AND PLUMBING, YOU WILL BE REQUIRED TO GET A BUILDING PERMIT. THIS IS A HEALTH AND SAFETY MATTER.

DECLARATION: I DECLARE THAT THE ABOVE INFORMATION, WHICH I HAVE SET FORTH IN THIS APPLICATION, IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT I AGREE TO OPERATE THE ABOVE DESCRIBED BUSINESS IN STRICT COMPLIANCE WITH THE STATE CODES AND CITY ZONING REGULATIONS GOVERNING THE BUSINESS.

SIGNATURE _____ DATE _____

Updated: 8/24/2010

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