CITY PLANNING: 623-4661
CITY FIRE: 623-4513
COUNTY SHERRIFF: 636-4080
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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Exhibit A

Amend Section 3-2-615 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 the section, shall pay an annual license tax on the total annual gross receipts of said business of businesses based on the following system (with a minimum tax of thirty-five dollars ($35.00)

San Juan Bautista 2014 Fee Chart

Annual Gross Receipts	*Business License Fee*
Up to $10,000	$30.00
$10,001 to $45,000	$60.00
$45,001 to $95,000	$120.00
$95,001 to $145,000	$150.00
$145,001 to $195,000	$210.00

Gross Receipts	Tax (Mil per Dollar)
First 250,000	AT 1.00
Next 250,00	At 0.25
Next 500,00	At 0.125
All Over 1,000,000	At 0.05

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

Accountant ($150.00/year)
Acupuncturist ($150.00/year)
Appraiser ($150.00/year)
Architect ($150.00/year)
Attorney ($150.00/year)
Auctions/Auctioneer ($250.00/year)
Bookkeeper ($150.00/year)
Boxing Promoter/Events <500 seats ($ 60.00/day - >500 seats ($100.00/day)
Broker ($150.00/year)
Bail
Bonds
Insurance
Real Estate
Stocks
Others
Buses ($25.00/year per vehicle)
Carnival ($ 150.00/day)
Circus ($ 150.00/day)
Chemist ($150.00/year)
Contractor (150.00/year)
Chiropractor ($150.00/year)

Dentist ($150.00/year)
Doctor ($150.00/year)
Engineer ($150.00/year)
Film Production ($ 100.00/day)
Geologist ($150.00/year)
Laundry Mat ($100.00/year)
Landscaper ($150.00/year)
Newspaper Publisher ($150.00/year)
Newspaper Deliver ($ 150.00/year)
Optometrist ($150.00/year)
Pawnbroker/Pawn shop ($150.00/year)
Pickup Delivery Retail ($ 40.00/year first Trk) ($15.00/year additional trucks)
Wholesale ($30.00/year first truck) ($10.00/year additional trucks)
Professional, Misc. ($150.00/year)
Real Estate Rental ($150.00/year)
Real Estate Sales ($150.00/year)
Surgeon ($150.00/year)
Taxi Cab ($25.00/year per vehicle)
Non-motorized taxicab ($15.00/year)
Therapy Physical ($150.00/year)
Psychology ($150.00/year
Etc. ($150.00/year)

Veterinarian ($150.00/yea

Wrestling Promoter/Event <500seats ($50.00/day) >500seats ($100.00/day)

(C)The following special sales events shall apply:

Tent Sales: Cars/Trucks /SUV ($5.00/ vehicle/7 day)

Trailers ($10.00/ trailer/7-day)
Motor Home ($25.00/vehicle/7-day

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

"Under Federal and State Law, Compliance with disability access laws is a serious and significant responsibility that applies to all public. You ma obtain information about your legal obligations and how to comply with disability access laws at the following agencies:

The Division of the e State Architect at WWW.dgs.ca.gov/dsa/Home.aspx.
The Department of Rehabilitation at WWW.rehab.cahwnet.gov
The California Commission of Disability Access at WWW.ccda.ca.gov

*****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.

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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 QUESTIONAIRES. 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 CONSTRUCTON 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 OCCUPANY _____
   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 TENTANT 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 _____

WORKERS' COMPENSATON DECLARATION

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

☐ I HAVE AND WILL MAINTAIN A CERTIFICATE OF CONSENT TO SELF-INSURE FOR WORKERS' COMPENSATION, AS PROVIDED BY SECTION 3700[1], FOR THE DURATION OF ANY BUSINESS ACTIVITIES CONDUCTED FOR WHICH THIS LICENSE IS ISSUED.

☐ I HAVE AND WILL MAINTAIN WORKERS' COMPESATION 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 _____

☐ 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 SECTIN 3700.

NAME _____ DATE _____

ADDRESS _____ SIGNATURE _____

WARNING: FAILURE TO SECURE WORKERS' COMPENSATION COVERAGE IS UNLAWFUL AND SHALL SUBJECT AN EMPLOYER TO CRIMINA PENALTIES AND CIVIL FINES UP TO $100,000, IN ADDITION TO THE COST OF COMPESNATION, DAMAGES AS PROVIDED FOR THE SECTION 3706 OF THE LABOR CODE, INTERES, 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
2301 Technology Parkway Hollister, CA 95023
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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