



# City of San Juan Capistrano

32400 Paseo Adelanto • San Juan Capistrano, CA 92675

Tel. (949) 493-1171 • Fax (949) 493-1053

www.sanjuancapistrano.org

## BUSINESS LICENSE APPLICATION

RETURN THIS FORM WITH FEE TO:

City of San Juan Capistrano  
Dept. of Administrative Services  
32400 Paseo Adelanto  
San Juan Capistrano, CA 92675

(PLEASE PRINT)

Business Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Location \_\_\_\_\_  
Address Suite # City State Zip

Mailing Address \_\_\_\_\_  
Address Suite # City State Zip

Business Owner/Title \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Home Address \_\_\_\_\_  
Address State Zip Home Phone

Business is a  Sole Proprietorship  Partnership  Corporation (List all officers and titles) E-mail \_\_\_\_\_

Name / Title Address Home Phone

Name / Title Address Home Phone

Type of business (Give full description) \_\_\_\_\_

Operating date at this location \_\_\_\_/\_\_\_\_/\_\_\_\_ No. of employees \_\_\_\_\_ If business is located in San Juan, approximate sq. footage of space \_\_\_\_\_ sq. ft.

State Sales Tax No. \_\_\_\_\_ Federal Employer I.D. No. \_\_\_\_\_

State Employer I.D. No. \_\_\_\_\_ State Contractors License No. \_\_\_\_\_

(CONTRACTOR'S LICENSE # REQUIRED FOR VERIFICATION PURSUANT TO AB2823)

### PLEASE CHECK THE APPROPRIATE BOXES

New business Name of previous owner and business \_\_\_\_\_

Yes  No Do you plan to solicit? (Requires proof of tax exempt status, list of names, times and locations)

Yes  No Will you be vending from a vehicle? (Requires City Vendor Permit)

Yes  No Will business be conducted in your home? (Requires Home Occupation Permit if in City of San Juan Capistrano)

### PLEASE INDICATE FEES PAID (Refer to attached fee schedule)

Base Fee ..... = \_\_\_\_\_

Application Processing Fee..... = \_\_\_\_\_

HOP

No. of Professional Employees ..... X \$25.00 = \_\_\_\_\_

Run Off Form

No. of Non-Professional Employees ..... X 5.00 = \_\_\_\_\_

No. of Vending Machines ..... X 1.00 = \_\_\_\_\_

No. of Housing / Commercial Units ..... X 1.00 = \_\_\_\_\_

Home Occupation Permit..... 52.00 = \_\_\_\_\_

Other (Flat rate) ..... = \_\_\_\_\_

Sub Total..... = \_\_\_\_\_

Check if you're interested in being contacted by the City for business promotions

Late Fees (if applicable) ..... = \_\_\_\_\_

**TOTAL AMOUNT DUE**..... = \_\_\_\_\_

Your Business License will be issued under the provisions of Municipal Code Section 3-1.101. Sec. 4, Ordinance 171 requires the City License Collector to add the following penalties for failure to pay a Business License fee when due; fifty (50) percent of the Business License fee on the thirtieth (30th) day of the month following the due date, an additional penalty of ten (10) percent shall be added on the 1st day of each month thereafter that such fee remains unpaid, provided the total amount of such penalty shall not exceed an amount equal to the amount of the Business License fee due.

I hereby certify under penalty of perjury that I have read and understand the above statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY

Received by \_\_\_\_\_ Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_  Cash

SIC Code \_\_\_\_\_  Check No. \_\_\_\_\_

Zoning Approved \_\_\_\_\_ Denied \_\_\_\_\_

Reason \_\_\_\_\_