

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 {or} Change of:  Ownership  Location

**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** Department to comply with zoning codes, obtain and comply with all necessary permits, and conduct any necessary 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 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 Proprietorship  Trust

Federal Employer ID# or Social Security #: \_\_\_\_\_ Home Occupation:  Yes  No

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**) \$ \_\_\_\_\_ (SJBMC 3-3-510)

Professional (no sales tax collected) - Look at page 2 to see if your profession is listed. If not, report your gross receipts above.

Non-Profit/Exempt (must attach copy of certification)  Other: \_\_\_\_\_

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

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

FOR CITY USE ONLY:

PLANNING (initial): \_\_\_\_\_  FIRE (initial): \_\_\_\_\_  BUILDING (initial): \_\_\_\_\_ BUSINESS LICENSE #: \_\_\_\_\_

## City of San Juan Bautista - Business License 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 SJBMC 3-3-615 below, shall pay an annual license tax on the total annual gross receipts of said business or businesses based on the following system (with a minimum tax of \$30).**

Gross Receipts	Mill Rate
First \$250,000	1.00
Next \$250,000	0.25
Next \$500,000	0.125
All Over \$1,000,000	0.05

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

Accountant	\$150	Laundry Mat	\$100
Acupuncturist	\$150	Landscaper	\$150
Appraiser	\$150	Newspaper Publisher	\$150
Architect	\$150	Newspaper Delivery	\$150
Attorney	\$150	Optometrist	\$150
Auctions/Auctioneer	\$250	Pawnbroker/Shop	\$150
Bookkeeper	\$150	Pickup/Delivery Retail	\$40/year first truck \$15/year add. truck
Boxing Promoter	\$60/day <500 seats \$100/day >500 seats	Pickup/Delivery Wholesale	\$30/year first truck \$10/year add. truck
Broker	\$150	Professional, Misc.	\$150
Buses	\$25/vehicle	Real Estate Rental	\$150
Carnival	\$150/day	Real Estate Sales	\$150
Circus	\$150/day	Surgeon	\$150
Chemist	\$150	Taxi Cab - Motorized	\$25/year per vehicle
Contractor	\$150	Taxi Cab - Non-Motor	\$15/year per vehicle
Chiropractor	\$150	Physical Therapy	\$150
Dentist	\$150	Psychologist	\$150
Doctor	\$150	Veterinarian	\$150
Engineer	\$150	Wrestling Promoter	\$50/day <500 seats \$100/day >500 seats
Film Production	\$100/day		
Geologist	\$150		

**(C) The following special events rates shall apply to tent sales\*:**

Cars	\$5.00/vehicle/7-day
SUV/Truck	\$10.00/vehicle/7-day
Trailer	\$25.00/vehicle/7-day
Motor Home	\$20.00/vehicle/7-day

\*Other special events vendors will be required to purchase a 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 can obtain information about your legal obligations and how to comply with disability access laws at the following agencies: Division of the State Architect ([www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)), Department of Rehabilitation ([www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)), California Commission of Disability Access ([www.cdda.ca.gov](http://www.cdda.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 permit application and submit it to the City Planner with drawings showing sign size, lettering, color, proposed materials that will be used, a description of how the sign(s) will be placed and/or attached and/or supported. There is a \$75 fee for the sign permit application. The City's website ([www.san-juan-bautista.ca.us/planning-2/](http://www.san-juan-bautista.ca.us/planning-2/)) includes the sign permit application and the San Juan Bautista Design Guidelines, which include a section on signs (Chapter 7: Signage). Please review this chapter before designing your sign(s).

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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.

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**HAZARDOUS MATERIALS** - If your business includes potentially hazardous materials, you will need to notify the City of this fact **BEFORE** paying a business license tax. 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.

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**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**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Anticipated Date of Occupancy: \_\_\_\_\_ Anticipated Number of Employees: \_\_\_\_\_

Anticipated Business Hours: \_\_\_\_\_ Anticipated Days of Operation: \_\_\_\_\_

**2. LOCATION INFORMATION**

Business Area: 1<sup>ST</sup> Floor: \_\_\_\_\_ ft<sup>2</sup> 2<sup>ND</sup> Floor: \_\_\_\_\_ ft<sup>2</sup>

Outside Area for Storage: \_\_\_\_\_ ft<sup>2</sup> Gross Outside Area for Seating: \_\_\_\_\_ ft<sup>2</sup> Gross

Zoning:  Resid-1  Resid-2  Resid-3  Commercial  Mixed Use  Industrial  Agricultural

Building:  Single-Tenant Building  Multi-Tenant Building

Number of On-Site Parking Spots: \_\_\_\_\_ **(Do not include street parking)**

Sign:  Existing Sign to be Refaced or  New Sign Proposed

**All signs must be consistent with the City of San Juan Bautista Sign Ordinance (SJBMC Chapter 11-10) and require Planning Commission review and approval. Some signs may also 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 THIS BUSINESS.

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

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**FOR OFFICE USE ONLY**

Approved /  Denied - Date of Approval/Denial: \_\_\_\_\_ Approved By (initial): \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Comments/Stipulations: \_\_\_\_\_

## WORKERS' COMPENSATION 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 of the California Labor Code, for the duration of any business activities conducted for which this license is issued.

I have and will maintain Workers' Compensation Insurance, as required by Section 3700 of the California Labor Code, 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 California Labor Code, I shall forthwith comply with the provisions of Section 3700.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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**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.**

SAN BENITO COUNTY SHERIFF DEPARTMENT  
*San Juan Bautista Business Emergency Contact Information*

**Business Owner Information**

Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Business Owner Home Phone: \_\_\_\_\_

Business Owner Cell Phone: \_\_\_\_\_

Business Owner Fax: \_\_\_\_\_

**24-Hour Emergency Contacts Other Than Owner:**

**Emergency Contact 1**

Name: \_\_\_\_\_ 24/7 Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contact 2**

Name: \_\_\_\_\_ 24/7 Phone: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

**Property/Building Owner:**

Property Owner Name: \_\_\_\_\_

Property Owner Home Address: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Property Owner Home Phone: \_\_\_\_\_

Property Owner Cell Phone: \_\_\_\_\_

## **BUILDING CONDITION DECLARATION**

IT IS IMPERATIVE THAT THE CITY KNOW WHETHER YOU ARE PROPOSING TO MODIFY THE STRUCTURE YOU WILL OWN OR LEASE TO OPERATE YOUR BUSINESS. IF STRUCTURAL CHANGES ARE MADE TO THE INTERIOR OR THE EXTERIOR OF THE BUILDING WHICH MAY INCLUDE, BUT ARE 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, IF STRUCTURAL CHANGES ARE MADE TO THE INTERIOR OR THE EXTERIOR OF THE BUILDING IN WHICH I OPERATE MY BUSINESS, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, THE ROOF, WALLS, ELECTRICAL, AND PLUMBING, I WILL OBTAIN A BUILDING PERMIT. IN ADDITION, I AGREE TO OPERATE THE ABOVE DESCRIBED BUSINESS IN STRICT COMPLIANCE WITH THE STATE CODES AND CITY ZONING REGULATIONS GOVERNING THE BUSINESS.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_