



NON-PROFIT CHECK LIST

City of Hemet Business License

Office: 445 E Florida Ave • Mon-Fri 7:30am-5:30pm

Phone: (951) 765-2358

www.hemetca.gov • cohbl@hemetca.gov

Hemet Municipal Code(s) 18-45 (e)(5)

PLEASE REVIEW AND COMPLETE THE FOLLOWING STEPS BEFORE SUBMITTING THE BUSINESS LICENSE APPLICATION:

1. **OBTAIN 501C3 TAX FORM** A copy of the 501(c)(3) Certificate of Determination of Exemption tax form is required.

2. **OBTAIN A “C OF O” OR “HOP” DEPENDING ON THE BUSINESS OPERATIONS**
 - AT A COMMERCIAL LOCATION:
Obtain A Certificate of Occupancy (C of O) (if the office building is located within the city of Hemet) Approval from the City of Hemet Building & Safety Department is required for this certificate to ensure the business meets certain criteria and guidelines. A separate fee is associated with obtaining this certificate. Contact the Building & Safety Department in person at City Hall, 445 E Florida Ave, Hemet, CA, via email at bldgstaff@hemetca.gov or by phone at (951) 765-2475.

OR

 - FROM HOME / MOBILE:
Obtain A Home Occupation Permit (HOP) (if residing in the city of Hemet) Approval from the City of Hemet Planning Department is required for this permit to ensure the business meets certain criteria and guidelines. A separate fee is associated with obtaining this permit. Contact the Planning Department in person at City Hall, 445 E Florida Ave, Hemet, CA, via email at planstaff@hemetca.gov or by phone at (951) 765-2375.

3. **FICTITIOUS BUSINESS NAME (if applicable)** If the business name does not include the owner's last name, filing for a Fictitious Business Name with the Riverside County Clerk's Office is required. Contact them at 951-486-7000 or visit www.rivcoarc.org/Fictitious-Business-Names. The local office is located at 880 N State St, Suite B-6 Hemet, CA.

4. **BUSINESS LICENSE** Submit the completed business license application to City Hall at 445 E Florida Ave, Hemet, CA, or via email at cohbl@hemetca.gov. A separate State fee of **\$4.00** is required to obtain this license. Include the following with your application:
 - Business License Application
 - Tenants conducting business on a property: Fill out the designated spot on the right side of the application with the property owner's name and signature, confirming approval of the business operation.
 - Approved “C of O” or “HOP” (if applicable)
 - Fictitious Business Name (if applicable)

or
COFO HOP BOOTH RENTAL
TEMP FTP SVP 1 JOB ONLY
PDA NON-PROFIT

CITY OF HEMET BUSINESS LICENSE APPLICATION
445 E. FLORIDA AVE • HEMET, CA 92543 • PHONE (951) 765-2358
EMAIL: COHBL@HEMETCA.GOV • WEB: HEMETCA.GOV

BUSINESS INFORMATION: out of city business

BUSINESS NAME _____ HEMET START DATE _____

BUSINESS ADDRESS _____ MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____
(Any Hemet street address 4-digits or less requires additional COH permitting)

BUSINESS PHONE _____ FAX NUMBER _____

BUSINESS DESCRIPTION _____ SELLERS' PERMIT # _____
(will appear on license) (if applicable)

SSN OR TAX ID _____ PRODUCTS SOLD _____
(will NOT be disclosed to any third party) (if applicable)

OWNER OR OFFICER INFORMATION:

TYPE OF OWNERSHIP: SOLE PROPRIETOR CORPORATION LLC PARTNERSHIP OTHER _____
If not listed enter of Type Ownership

PRIMARY OWNER _____ SECONDARY OWNER _____

HOME ADDRESS _____ HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE # _____ HOME PHONE # _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE# _____

BUSINESS TYPE - CHOOSE ONE & FILL IN REQUESTED INFORMATION:

SERVICE OR RETAIL: # OF EMPLOYEES (NOT INCLUDING OWNERS): F/T _____ P/T _____ # OF PARTNERS/PROFESSIONALS: _____

CONTRACTOR: STATE LICENSE # _____ CLASSIFICATION _____ EXP DATE _____

CONTRACTOR: **1 JOB ONLY - ONE JOB ONLY SITE ADDRESS**
SINGLE JOB LICENSE FOR ONE LOCATION ONLY - NO PORTION OF FEE WILL BE APPLIED TO ANY FUTURE LICENSE - EXPIRES UPON COMPLETION

VEHICLES : # of Vehicles - _____ Gross weight of vehicles - _____

TEMPORARY EVENT: _____ BOOTH RENTAL: _____
NAME OF THE SALON _____

OTHER: _____

*SB 1186 Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx, The Department of Rehabilitation at www.rehab.cahwnet.gov, The California Commission on Disability Access at www.ccda.ca.gov.

\$\$\$ The acceptance of license fee/s and issuance of this business license does not entitle the license holder to carry on any business which is otherwise prohibited. Before your business may operate, it may be necessary for you to obtain one or more of the following: a Certificate of Occupancy, a Home Occupation Permit, a Conditional Use Permit, other City, State or Federal approvals applicable to your business.

\$\$\$ **By signing below, I declare under penalty of perjury, that the information in this application is true and correct, that I have read and understand the above.**

PRINT NAME _____ SIGNATURE _____ DATE _____

CITY BUSINESS LICENSE #

PERMIT REQUIRED:

SINGLE FAMILY APARTMENT
 MOBILE HOME COMMERCIAL

I have read and will comply with all conditions by which a Home Occupation Permit is allowed. (HMC 90-72)

APPLICANT SIGNATURE _____

PROPERTY OWNER PRINT NAME _____

*PROPERTY OWNER SIGNATURE _____

* VERIFIED BY: _____

****BELOW FOR CITY USE ONLY****

PLANNING SIGNATURE _____

BUILDING SIGNATURE (if commercial) _____

ZONE _____

PERMIT # _____

PAYMENT DETAILS

1163 _____

1164 _____

1167* 3.40 _____

1168* .20 _____

1169* .40 _____

TOTAL _____