



CITY OF HEMET BUSINESS LICENSE APPLICATION

445 E. Florida Ave., Hemet, CA 92543 | (951) 765-2358 | cohbl@hemetca.gov | hemetca.gov

When applying online for a rental property as a sole proprietor rather than as a business, enter the **Property Owner Information** in the **“Create New Business”** section of the application process.

BUSINESS INFORMATION

Location Type: Hemet Commercial Hemet Residential Outside City Limits

Property Owner or Business Name: _____ DBA: _____

Ownership Type: Corporation Partnership LLC Non-Profit Sole Proprietor

Tax ID (EIN) / SSN: _____

Property Owner or Business Email: _____ Property Owner or Business Phone: _____

Business Description: _____ Business Start Date: _____

Property Owner or Business

Same as Property Owner or Business Address

Physical Address: _____

Mailing Address: _____

City/State/Zip: _____

City/State/Zip: _____

LICENSE INFORMATION

License Start Date for Conducting Business in Hemet: _____

Number of Units Being Rented _____

Property Type:

Single Family

Multi-Family (e.g. Duplex, Apts)

Commercial

Mobile Home Parks

LIST OF RENTAL ADDRESSES

List each rental property separately. For properties with multiple units, suites, or apartments, please provide the main property address and list all associated unit numbers. Example: 555 Sample St. Hemet CA Suite 10, 12, 14, etc.

1. _____

2. _____

3. _____

4. _____

****For additional addresses, please provide an attachment****

FOR CITY USE ONLY

LICENSE #

Planning Department

Permit# _____

Building Department

CofO# _____

Payment Details

TOTAL _____

Other Information

OWNER / PARTNER INFORMATION

PRIMARY OWNER

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

SECONDARY OWNER / PARTNER

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

EMERGENCY CONTACT

Name: _____

Address: _____

City/State/Zip _____

Phone: _____

Email: _____

*SB 1186 NOTICE: Compliance with disability access laws is required for California businesses open to the public. Information is available through the Division of the State Architect, Department of Rehabilitation, and California Commission on Disability Access. NOTICE: Issuance of a business license does not authorize any activity otherwise prohibited by law. Additional permits or approvals, including a Certificate of Occupancy, Home Occupation Permit, Conditional Use Permit, or other City, State, or Federal approvals, may be required before operation. I declare under penalty of perjury that the information provided is true and correct and that I have read and understand the notices above.

Print Name: _____ Signature: _____ Date: _____