



## CITY OF CALIMESA

908 Park Ave.  
Calimesa, CA 92320

PHONE# (909) 795-9801  
FAX# (909) 795-4399

## FEES

**\$24.00** Business License  
(annual fee)  
**\$4.00** State Fee  
(annual fee)

## PLEASE NOTE:

An initial business license is valid for six (6) months from approval, after which the business license may be renewed on an annual basis. For the Business License Fee and the annual Fire Inspection Fee (if applicable). It is the responsibility of the business owner to renew or cancel their business license prior to its expiration in order to avoid an administrative citation.

## OFFICE USE ONLY

BL #

Date Paid

Receipt No.

Amount Paid

\$

# BUSINESS LICENSE APPLICATION

## Sidewalk Vending: Part 1

1

**Please type or print legibly: INCOMPLETE APPLICATIONS WILL BE RETURNED**

Business Name (As it is to appear on the Business License)

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Phone #. \_\_\_\_\_

Mailing Address:

2

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS DESCRIPTION (Please provide a detailed description of proposed business activities)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# of Employees \_\_\_\_\_

# Employees working at one time \_\_\_\_\_

Hours of operation: \_\_\_\_\_

to

Days \_\_\_\_\_

3

## BUSINESS OWNER INFORMATION

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security# \_\_\_\_\_

Driver's License # \_\_\_\_\_

Health Permit #. \_\_\_\_\_

Class:  A  B  C

Seller's Permit #. \_\_\_\_\_

Federal EIN #. \_\_\_\_\_

State EIN #. \_\_\_\_\_

*Sales or use tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing the nearest STATE Board of Equalization (BOE) office. For general information call the BOE at (800) 400-7115.*

State Agency:  CA  Other \_\_\_\_\_

## SIC CODE

\_\_\_\_\_

*SIC code: Standard Industrial Classification*

*To acquire your SIC Code: <https://sic-code.com>.*

*Required by the State of California Regional Water Quality Board-Santa Ana Region Order NO. 128-20100033, NPDES*

No. CA 618033

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## WORKER'S COMPENSATION INFORMATION

I have Worker's Compensation coverage  I do not have Worker's Compensation coverage

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I do not need Worker's Compensation coverage (SELF EMPLOYED WITH NO EMPLOYEES)

Worker's Compensation Insurance Company Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_



**CITY OF CALIMESA**  
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Welcome to the City of Calimesa and our business community. We wish you success in your business venture and encourage you to take advantage of any assistance we may be able to provide. If we can be of any assistance please do not hesitate to contact us. Calimesa's City Hall office hours are 7:00 am to 5:30pm Monday through Thursday.

# BUSINESS LICENSE APPLICATION

## Sidewalk Vending: Part 2

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### RECYCLING INFORMATION

Does your business recycle:  YES  NO

Please describe the type of material your business recycles \_\_\_\_\_

7

Did you complete the SCAQMD Air Quality Permit Checklist?  YES  NO

Have you obtained a fictitious business name?  YES  NO  N/A does not apply to my business

8

Will the business be involved in handling of hazardous material?  YES  NO

*If yes, please provide a sperate list of said hazardous materials and attach with application.*

Does your business sell tobacco or tobacco paraphernalia:  YES  NO

Does your business plan to sell alcohol?  YES  NO

Will the business involve the handling or preparation of food?  YES  N

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*"I declare under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief, is a true, correct, and complete statement of facts. Furthermore, I agree to allow employees of the City of Calimesa or any agent thereof to conduct random inspections on the business for compliance with zoning, code enforcement or Municipal code issues during nay listed hour of operation without notice or cause. Furthermore, we warrant to not use or occupy this mobile vending business until all City regulations and conditions concerning this business(s) have been complied, and a Business License has been issued for mobile vendors, and it is understood and agreed that the City of Calimesa through its employees or agents, is hereby authorized to order immediate discontinuance of any and all utilities for any violation of City ordinance or regulations and conditions prior to final approval of use and issuance of Mobile Vendor Business License.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### THIS SECTION IS FOR CITY USE ONLY

Zone Designation: \_\_\_\_\_ The Intended use meets zoning \_\_\_ Yes \_\_\_ NO Requires: CUP DPR MDPR Other \_\_\_\_\_

Permitted Business Activities \_\_\_\_\_

Assessor's Parcel Number \_\_\_\_\_ Zoning \_\_\_\_\_

\_\_\_\_\_

Planning Dept. Approval/Denial \_\_\_\_\_

Number of Required Legal Parking Spaces \_\_\_\_\_

Code Enforcement Approval/Denial \_\_\_\_\_

Occupancy Inspection Date \_\_\_\_\_ Pass Failed

Fire Dept. Approval/Denial \_\_\_\_\_

Building Dept. Approval/Denial \_\_\_\_\_

