

Instructions for obtaining a new Business License in the City of Calimesa

Getting Started:

Certificate of Occupancy and a City issued **Business License** are required for all business operating within the City of Calimesa, regardless of location and business type (please see exemptions below).

Step 1. Confirm with Planning Department Staff that the proposed business activity is permitted at the desired location. Each parcel of property within the City is assigned a zone designation. Each designation lists the permitted, conditional, or temporary uses allowed. Uses not specifically listed with the zoning code are prohibited unless found to be in substantial compliance with the Municipal Code as previously determined by the Planning Commission. However, some uses are shown as “prohibited” to emphasize the fact that they are not compatible with existing zoning regulations. Before leasing or purchasing property, it’s important to confirm that zoning clearance will not be an issue.

Step 2. Please fill out the attached Application for Certificate of Occupancy and pay associated fees. Make sure to legibly fill out the form and provide all of the requested information. In sections where items do not pertain to your business, simply put “N/A” for not applicable. Incomplete applications will not be processed which will lead to the denial of Business License Application. The occupancy inspection fee is \$154.00 for the initial inspection. Additional inspections, if required by either the Building Official or the Code Enforcement Officer are \$75 per visit, per person.

Step 3. Fill out the separate Business License Application and return it to the Business License Clerk for routing. Once the occupancy inspection has been completed and the building is deemed code compliant, you are eligible to receive the business license. A fee of \$24 for the license is due annually, including prior to the issuance.

Exemptions: No businesses are exempt from obtaining a business license. However, some businesses may be exempt if they can meet the criteria found in Calimesa Municipal Code Section 5.05.070 (Exemptions for persons exempt under federal and state laws and for interstate commerce). Businesses that are exempt from first obtaining a Certificate of Occupancy include the following:

1. Businesses and virtual businesses occupying less than 250 square feet of total area, including storage, warehouse, etc.
2. Businesses located within a building that was issued a building permit or tenant improvement within the past 6 months so long as the use of the building has not changed within the same timeframe.
3. A business License renewal for existing businesses so long as there has not been a lapse of occupancy or business activities within the past 6 months.
4. Business operating outside of the City that requires a Calimesa issued license.



City of Calimesa

Receipt # _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY
For Business License Issuance

Check the following that applies:

- New Business Change in Business use Change in Business Name
 Change of Ownership Expansion of use

BUSINESS INFORMATION:

Name of Business: _____

Business Address: _____

Primary Business Phone #s: _____

Type of Business: _____

Description of Business Activities: _____

BUSINESS OWNER INFORMATION:

Business Owner Name: _____

Applicant's Name (if Different): _____

Owners Primary Phone: _____

Owners Mailing Address: _____

Applicants Mailing Address (if different): _____

PROPERTY OWNER INFORMATION:

Name of Property Owner: _____

Mailing Address: _____

Primary Phone: _____

BUILDING INFORMATION:

Number of Buildings: _____ Square Footage for each: _____

Number of Existing Off-Street Parking Spaces: _____ Handicap Spaces: _____

Previous Use of Structure: _____

Previous Business Name: _____

APPLICATION FOR CERTIFICATE OF OCCUPANCY (CONTINUED)

QUESTIONNAIRE (Please check yes or no, and/or provide requested information):

Is the building is equipped with an alarm system? Yes No
 If yes, please provide the alarm company name and phone number: _____

Will there be storage of combustibile materials? Yes No
 If yes, please list those materials: _____

Will the business be involved in handling of hazardous materials? Yes No
 If yes, please provide us with a separate list of said hazardous materials or list them here: _____

Will there be any outside storage of materials or items for sale? Yes No
 If yes, please show on the required diagram the location of the outside storage.

Does the business involve the sale of alcohol? Yes No

Will the business involve the handling or preparation of food? Yes No

Does the business have use of a dumpster or trash container? Yes No

If yes, then please include the location on the required diagram.

Does the building have an automatic sprinkler system? Yes No

Will signs be use on our outside of the building? Yes No

(Please note that a separate sign permit is required, even if re-facing an existing sign)

Total number of employees: _____ Total number of employees working at one time: _____

Hours of operation: _____ to _____ days _____

List any additional permits needed to run the business (excluding permits from the City): _____

PLEASE READ CAREFULLY BEFORE SIGNING:

“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 of the business for compliance with zoning, code enforcement or building code issues during any listed hour of operation without notice or cause. Furthermore, we warrant not to use or occupy this building(s) until all City regulations and conditions concerning this building(s) have been complied with and a Certificate of Occupancy has been issued 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 the final approval of use and issuance of its Certificate of Occupancy.

Business Owner Signature: _____ Title: _____ Date: _____

Property Owner Signature: _____ Title: _____ Date: _____
 (REQUIRED if different from Business Owner)

- OFFICIAL USE ONLY -

Zone Designation:	Number of Required Legal Parking Spaces:
Intended Use Meets Zoning: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>	Available off-Street Parking Spaces
Occupancy Inspection Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Requires/Required: <input type="checkbox"/> CUP <input type="checkbox"/> DPR <input type="checkbox"/> MDPR <input type="checkbox"/> Other
Planning Dept. Approval:	Building Dept. Approval:
Code Enforcement Approval:	Sheriff Dept. Approval:
Fire Dept. Approval:	Business License Approval:



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Business License Application

Fees for City of Calimesa Business License are as follows*:

\$48.00 for businesses located outside of Calimesa

\$24.00 for businesses located within Calimesa or wholesale distributors.

*Does not cover cost of occupancy inspection or other required building or development fees.

PLEASE NOTE: *If your business has closed or moved, please notify the Business License Clerk.*

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

Business Name:	Fax Number:
Business Location (Complete Address):	
Mailing Address:	Bus. Phone:

Type of Business:
Description of Proposed Business Activities: (Please give full detail – attached additional sheets if needed)

Business Owner #1 (Name):		
Driver lic. #:	Date of Birth:	Phone:
Home Address:		

Business Owner #2 (Name):		
Driver lic. #:	Date of Birth:	Phone:
Home Address:		

Contractor #:	Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Resale #: _____	
<i>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 to the nearest State Board of Equalization office. For general information, please call the Board of Equalization at 1-800-400-7115.</i>	

Emergency Phone:	Alarm: <input type="checkbox"/> Yes; Company: _____ <input type="checkbox"/> No	
State Employer I.D.#:	Federal Employee #:	
Health Permit #:	State/ Federal Agency:	
No. of Full-time Employees :	Part-time Employees:	Business Sq.Ft.:

APPLICATION FOR: Sole Proprietorship Partnership (List all partners) Corporation (List officers & Titles) See attached list (If necessary)

WORKERS' COMPENSATION INFORMATION

- I have Workers' Compensation coverage.
- I do not need Workers' Compensation insurance (SELF-EMPLOYED, WITH NO EMPLOYEES).
- I do not have Workers' Compensation insurance.

Signature Title

Workers' Compensation insurance company name

Recycling Information:	Location of other business commercial property or living accommodations (Rentals/examples: house, apartments, motels, etc.) THIS SECTION MAY NOT PERTAIN TO YOU.
Does your business recycle: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe the type of material your business recycles:	
	1.
	2.
Do you sell tobacco or tobacco paraphernalia? <input type="checkbox"/> Yes <input type="checkbox"/> No	3.
Do you plan to sell alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	

"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. I further certify that the above business will be conducted in compliance with the applicable provisions of the City of Calimesa's Municipal Code and Ordinances, and other State and Federal Laws. I acknowledge that this business license shall be due and payable in advance for a period of six months at the time the original license is issued. Upon license expiration thereafter, my annual license renewal taxes shall be due and payable in advance for a period of one year."

Signature: _____ Title: _____ Date: _____

Welcome to the City of Calimesa and our business community. We wish you every 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 further assistance, please do not hesitate to contact us. The office hours are 7:00 a.m. to 5:30 p.m. Monday through Thursday.

-THIS SECTION FOR CITY USE ONLY-

-ZONING INFORMATION-

Zone Designation:	Number of Required Legal Parking Spaces:
Permitted Business Activities:	Additional Requirements:
Occupancy Inspection Date: _____ <input type="checkbox"/> Passed <input type="checkbox"/> Failed	Requires/Required: <input type="checkbox"/> CUP <input type="checkbox"/> DPR <input type="checkbox"/> MDPR <input type="checkbox"/> Other

-APPROVALS-

Planning Dept.	Building Dept.
Code Enforcement:	Sheriff Dept.
Fire Dept.	Other Dept.

