



FY 2016/17

NEW ___ RENEWAL ___

CITY OF SOLEDAD, CALIFORNIA
P.O. BOX 156, SOLEDAD, CA 93960

APPLICATION FOR CITY BUSINESS LICENSE

Gateway to the Pinnacles

It is the businesses responsibility to notify the City immediately if there are any changes to the business entity from the information submitted on this application. Business license tax is paid for the fiscal year July 1 thru June 30. It is the business owner's responsibility to renew the business license each fiscal year. This license is required pursuant to Section 5.04 of the Soledad Municipal Code.

Business Name:		Contact Name:		
Location Address:	City:	State:	Zip:	Business Phone:
Mailing Address:	City:	State:	Zip:	Home Phone:
Driver's License#:	Email Address:		Federal Tax ID #/Social Security #:	

Kind of Business:	Please check business type: Section: _____ Manufacturing ___ Retail ___ Service ___ Wholesale ___ Contractor ___ Sub-Contractor ___ Other: _____
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Ownership Status: Individual Partnership Corporation

Applicable License/Permit #'s: ABC License # _____ Seller's Permit# _____
 Fictitious Business License # _____ Contractor's License # _____
 Health Department Permit # _____ Other: _____

Anticipated Gross Receipts (for business conducted within the city of Soledad) for Fiscal Year 2016-17:
\$ _____

PLEASE COMPLETE IF APPLICABLE

Coin Operated Vending Machines (Includes Pinball, Candy, Jukeboxes, Laundry Equipment, etc...)	Number of Rental Units, Rooms or Apartments	Number of Trailer Spaces	Other, Specify: (Card Tables, Pool Tables, Salon Chairs)

I declare, under the penalty of making a false declaration, that I am authorized to complete this form to the best of my knowledge and belief it is true, and correct, and complete statement, made in good faith. I understand and agree that the granting of this license requires my compliance with all applicable City of Soledad Municipal Code provisions, state laws and all conditions set forth above. **Penalties will be added for failure to pay license tax when due. (S.M.C. Section 5.04.180, 5.04.190)**

Signature of Applicant: _____ **Date:** _____

FOR OFFICE USE ONLY:				
LICENSE #:	DATE ISSUED:	RECEIPT #:	FEE: \$	EXPIRATION DATE:

EMERGENCY NOTIFICATION FORM

Dear Business Applicant:

The City of Soledad is seeking your cooperation in providing better emergency services within the community. Please provide the following information and return it with your business license application. Please type or print clearly.

Emergency Notification: Please prioritize names below of those who can be contacted 24 hours a day in case of emergency or other problems.

Name:	Address:	Phone Number:
Building Owner:	Address:	Phone Number:
Alarm Type:		
Contractor:	Location of Alarm:	
Phone Number:		

Please indicate any area of concern regarding security, hazardous materials, or law enforcement in the space provided below:

Thank you for your cooperation in assisting the City to provide better service to you and the community as a whole.

For Office Use Only:

DISTRIBUTION: (Circle Appropriate Department)

Finance

Community Development

Police

Fire

Public Works

Other: _____



**HOME OCCUPATION REGULATIONS
SOLEDAD MUNICIPAL CODE
SECTION 17.38.140**

The following are the conditions for the operation of a Home Occupation as required by the City Ordinance entitled, Home Occupations (Section 17.38.140). Violation for these conditions can lead to the cancellation of a business license and/or the issuance of a citation for violation of said City Ordinance.

- A. There shall be no employment of help other than the members of the resident family.
- B. There shall be no use of material or mechanical equipment not recognized as being part of normal household or hobby uses.
- C. Except when actually being shown to business visitors for the purpose of sale, all goods and merchandise held for sale shall be stored in a closed closet or compartment on the premises, located either in the dwelling unit or in an accessory structure, having an interior capacity of more than 960 square feet.
- D. The use shall not generate pedestrian or vehicular traffic or vehicle parking beyond the normal to the district in which it is located.
- E. It shall not involve the use of commercial vehicles for delivery of materials to or from the premises other than a vehicle not to exceed one ton capacity, owned by the operator of such home occupations, which shall be stored in an entirely enclosed garage.
- F. There shall not be any generation of noise, light, odor, vibration, or electrical interference beyond the property line of the subject property.

I have read and understand the regulation for the operation of a Home Occupation Business License.

Name

Date

Property Address

License No.

Date Issued

HAZARDOUS MATERIAL QUESTIONNAIRE

ASSESSOR'S PARCEL NUMBER _____

BUSINESS NAME _____ TYPE OF BUSINESS _____

SITE LOCATION _____ CITY _____

MAILING ADDRESS _____

BUSINESS CONTACT _____ NAME _____ PHONE _____

PROPERTY OWNER _____ NAME _____ PHONE _____

1. Will your business/proposed project be using any hazardous materials such as oil, fuels, solvents, compressed gases, acids, corrosives, pesticides, fertilizers, paints or other chemicals.
 YES NO
2. Will your business/proposed project be using hazardous materials in quantities of 55 gallons and above for liquids, 500 lbs. and above for solids and or 200 cubic feet and above for compressed gases.
 YES NO
3. Will your business/proposed project be using any quantities of acutely hazardous materials such as ammonia, chlorine, sulfuric acid, formaldehyde, hydrogen peroxide, methyl bromide or other restricted pesticides.
 YES NO
4. Will your business proposed project be using underground storage tanks to store hazardous materials.
 YES NO
5. Will your business/proposed project be generating any quantities of hazardous waste such as waste oil, waste solvents, etc.
 YES NO
6. Will you business/proposed project be emitting any hazardous air emissions.
 YES NO

CERTIFICATION:

I declare under the penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge and belief.

ANY QUESTIONS REGARDING THIS FORM CAN BE DIRECTED TO:

Monterey County Health Department
Division of Environmental Health
1270 Natividad Road, Room 301
Salinas, CA 93901
(831) 755-4511

Executed At:

City, State

PRINT NAME OF OWNER/OPERATOR _____

SIGNATURE OF OWNER/OPERATOR _____

FOR LOCAL JURISDICTION USE ONLY

1. Is there a known or proposed school, hospital, day care, or long term care facility within 1,000 feet at this site location? YES NO
2. Is there a known or proposed school, hospital, day care, or long term care facility within 1/4 mile of this site location? YES NO

Health Department Clearance

Signature: _____ Date: _____

Print Name and Title: _____

Air Pollution District Clearance

Signature: _____ Date: _____

Print Name and Title: _____