

**CITY OF HEMET • BUSINESS LICENSE**  
445 E FLORIDA AVE • HEMET CA 92543  
PHONE (951) 765-2358 • FAX (951) 765-2336  
www.cityofhemet.org

**RENTAL PROPERTY BUSINESS LICENSE APPLICATION**

PROPERTY OWNER NAME \_\_\_\_\_

BUSINESS NAME IF APPLICABLE \_\_\_\_\_

TOTAL # OF RENTAL UNITS LOCATED IN CITY OF HEMET \_\_\_\_\_

LIST ALL CITY OF HEMET RENTAL PROPERTY ADDRESSES \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPERTY OWNER INFORMATION**

TYPE OF OWNERSHIP:  SOLE PROPRIETOR  CORPORATION  LLC  PARTNERSHIP  OTHER

OWNER NAME (S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE# ( ) \_\_\_\_\_ FAX# ( ) \_\_\_\_\_

SOCIAL SECURITY OR FEDERAL TAX I.D. \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE# ( ) \_\_\_\_\_

▶▶ The issuance of a business license does not entitle the license holder to carry on any business, which is otherwise prohibited

▶▶ By signing below, you declare under penalty of perjury, that the information in this application is true and correct

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**FOR CITY USE ONLY**

LIC # \_\_\_\_\_

INITIALED \_\_\_\_\_

SS# OR FED ID# \_\_\_\_\_

T/C: \_\_\_\_\_ FEE: \_\_\_\_\_

1163 \_\_\_\_\_

1164 \_\_\_\_\_

TOTAL \_\_\_\_\_