



LICENSE NO.
Lic#

**HOME OCCUPATION
BUSINESS LICENSE APPLICATION**

520 J Street Los Banos, CA 93635 – Main Phone (209) 827-7000 Ext. 138

Anticipated Start Date: _____

BUSINESS: (Type or Legible Printing Only) Forms must be filled out completely.

Business Name: _____
(If a fictitious name is used, attach a copy of the Fictitious Name Statement)

Business Location: _____ City/State/Zip: _____
(Physical address is required. No PO Boxes)

Mailing Address: (only if different from above): _____

City/State/Zip: _____

Facsimile: (_____) _____ Business Telephone: (_____) _____ Cellular: (_____) _____

Web: _____ E-mail: _____

(Check one) Sole Proprietor Partnership Limited Liability Corporation Trust

BUSINESS OWNER INFORMATION:

Name/Title: _____

Address: _____

City/State/Zip: _____

Facsimile: (_____) _____ Telephone: (_____) _____ Cellular (____): _____

SSN: _____

PROPERTY OWNER INFORMATION (information/signature is required, if different from Business Owner):

Name: _____

Address: _____ City/State/Zip: _____

Telephone: (_____) _____ **Property Owner Signature:** _____

NOTE: All new, relocated or altered (structurally/expanded) Business License requests require inspection, prior to license issuance.

IDENTIFICATION: (list all that apply)

Federal Employment I.D.: _____ State Employment I.D.: _____

Resale: _____ Other: _____

Contractor's: Class: _____ License No: _____ Date of Expiration: _____

DRE License No. _____ Date of Expiration: _____

BEAR No.: _____ Date of Expiration: _____

- I am an owner/operator (no employees); or
- I have employees and understand that valid Worker's Compensation is required prior to conducting business/work.

ABC License: Class _____ License No. _____ Date of Expiration: _____

Other: (License of: Bureau of Auto Repair/Health/Doctor/Dentist, ect.): _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Print Name/Title

Signature

Date

**HOME OCCUPATION
BUSINESS LICENSE OPERATIONAL STATEMENT**

1. What is the existing use of your business:

2. Describe the nature of your business:

3. Will you have employees? No Yes (*Home Occupation does not allow employees.*)

4. What equipment, materials, or supplies will be used? Where will the equipment, materials or supplies are stored (e.g. in the back of my truck or in a trailer?)

5. Will the proposed business produce any noise? Yes No

If yes, please explain: _____

6. Will the proposed business create any dust? Yes No

If yes, please explain: _____

7. What are your proposed hours of operation:

Hours: _____

Days: _____

BELOW IS THE OVERVIEW FOR THOSE PERSON'S WANTING TO CONDUCT A HOME BUSINESS. PLEASE READ CAREFULLY AND SIGN:

Pursuant to Council Resolution No. 2111, a business license may be issued administratively, without necessity of proceeding through the use permit process, for certain Home Business Activities. Specifically in order to be considered for administrative approval of a Home Business License, the applicant must meet the following criterion:

1. *The home is used as an office whereby work is done away from the premises of the home and implements or tools utilized in the business are not stored on the premises, but are confined to a small truck not to exceed 3/4 ton.*
2. *The address of the residence will not be listed in the commercial section of the telephone directory, nor advertised neither in any newspaper nor on radio or television.*
3. *The office use of the home is basically for telephone contacts without the necessity of persons calling or counseling at the residence; and*
4. *That all other provisions of Section 9-3.228, Home Occupation, of the City of Los Banos Municipal Code is complied with.*

Section 9-3228: "Home Occupation" shall mean an operation conducted on the premises by the occupant of the dwelling as a secondary use in connection therewith and where there are no advertising signs, no displays, no stock or commodities sold on the premises, no employees in connection therewith, and no mechanical equipment designed to be used in conjunction therewith other than that necessary or convenient for domestic purposes.

Advisory Notice: Persons who are dissatisfied with the decision of the Planning Department to deny an administrative Home Business License may file an appeal with the Planning Commission or may be eligible to file under the Use Permit Procedure for a Home Occupation License. **NOTE:** If Home Business License is denied, Applicant shall be briefed on City Use Permit Process.

SIGNATURE

DATE

OFFICIAL USE ONLY

PLANNING DEPARTMENT:

Zone: _____ Use Permitted Use NOT Permitted

Use requires PRIOR approval of: _____

Redevelopment Project Area _____

NAICS CODE: _____ **DESCRIPTION:** _____

ADMINISTRATIVE FEE: \$ _____ **REC #:** _____ Check # _____ Cash

BUSINESS LICENSE FEE: \$ _____ **REC #:** _____ Check # _____ Cash



City of
Los Banos
At the Crossroads of California

YOUR APPLICATION FOR A HOME OCCUPATION BUSINESS LICENSE HAS BEEN APPROVED WITH THE FOLLOWING CONDITIONS:

- No advertising signs;
- No display;
- No outdoor storage (note: indoor storage is limited to within the residence –Storage within the existing garage is prohibited);
- Storage of toxic or hazardous materials is prohibited at the residence;
- No stock or commodities may be sold at the residence;
- No Employees;
- Mechanical equipment used in connection with the business is not allowed at the residence;
- Advertising Business Vehicles are exclusive to parking within the existing garage;
- No advertising of the residential address;
- Handyman services: No job may exceed \$500.00 (includes labor & materials);
- Other:

Applicant Signature

Date: