



City of Citrus Heights

6237 Fountain Square Drive Citrus Heights, Ca 95621

Phn: (916) 727-4907 Fax: (916) 725-5799

BUSINESS LICENSE HOME OCCUPATION CLEARANCE FORM

Prior to the approval of a Business License for a business that will be conducted in a residence; this form must be filled out and approved by the Planning Department. Please submit with original signatures only.

Please type or print

Name of Business _____

Name of Business Operator _____

Street Address _____ Zip Code _____

Home Phone: _____ Business Phone: _____

Type of Business (describe services/products in detail)

Please answer the following:

1. Will there be more than one home occupation conducted from the home? Yes No
2. Will the home occupation be operated by more than two individuals? Yes No
3. Are the applicant(s) occupants of the home? Yes No
4. What portion of your home will the business occupy? _____
5. Will the business use more than 20% (maximum of 400 sq. ft.) of living space? Yes No
6. Will the home occupation require any addition, alteration, or remodeling? Yes No
7. Will the home occupation result in the elimination of any required off street parking? Yes No
8. Are any signs advertising the home occupation proposed? Yes No
9. Will the home occupation involve the storage of flammable or hazardous materials? Yes No
(If yes, the Fire District must approve, in writing the amount and method of storage of these materials)
10. Will any business related vehicle be stored at the home larger than a standard
pick-up truck or van? Yes No
 - If yes – describe vehicle and weight:

11. Will any equipment or material relating to the home occupation, other than the permitted vehicles, be stored outside of the home? Yes No

▪ If yes – describe what and where it will be stored:

12. Will there be personal contact with customers/employees at the residence? Yes No

▪ If yes – describe how many and how often:

13. Will there be delivery of materials to the residence exceeding more than 1 time per week? Yes No

▪ If yes – describe what how often and method of delivery:

14. Will the home occupation create adverse levels of noise or odors above the normal levels in the surrounding neighborhood? Yes No

▪ If yes – describe what and why:

15. Have you ever had a home occupation within the City of Citrus Heights? Yes No

▪ If yes – Name and address of business:

16. Do you own the home where the home occupation will be conducted? Yes No

▪ If no – Do you have permission from the property owner to operate the business? Yes No

CERTIFICATION

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge, and further agree to uphold the conditions and limitations as set forth in the City of Citrus Heights Zoning Code, section 305-70 to 305-75.

Applicant's Signature: _____ Date _____

OFFICE USE ONLY

Approved Denied

Staff Signature: _____ Date _____

If denied, indicate the reasons for denial: _____

NOTE: IF APPROVED A BUSINESS LICENSE MUST BE OBTAINED



City of Citrus Heights
Business License Application
 6237 Fountain Square Dr, Citrus Heights, CA 95621
 Telephone (916)727-4907 Fax (916)725-5799

License# _____

Please do not write above this line

FOR OFFICE USE ONLY	
[] Check# _____	[] Cash [] C/C
Amount \$ _____	
Date _____	
Receipt# _____	

Application Date _____ First Day of Business _____

Type of License & Type of Ownership

- New License Renewal Change of Owner Change of Business Address
 Sole Proprietorship Partnership Husband/Wife Corporation

Business Owner(s) Name or Name of Corporation _____

 (Last) (First) (M I)

 (Last) (First) (M I)

If individual, state legal name and any aliases; if partnership, state complete partnership name, names of all partners, whether the partnership is general or limited, **and attach a copy of the partnership agreement**; if corporation, state complete corporation name, date of incorporation, evidence of good standing under state of incorporation laws, names and capacity of all officers and directors, the name of the registered corporate agent, and the address of the registered office for service or process. If additional space needed, please attach additional sheets.

Name of Business (DBA) _____
 (No more than 30 characters.)

If business name is different than that of owner, fictitious name and required registration documents must be provided.

Business Site Address _____ City: _____ St: _____ Zip: _____
 (No PO Box)

Parcel Number: _____

Business Mailing Address _____ City: _____ St: _____ Zip: _____
 (If different from site address)

Business Phone _____ Emergency Phone _____ Email: _____
 (Must be different than business phone)

Owner Address _____ City: _____ St: _____ Zip: _____
 (No PO Box)

Owner Mailing Address _____ City: _____ St: _____ Zip: _____
 (If different from site address)

Owner Phone _____ Alternate Phone _____ Email: _____

Have you ever been convicted of any violation of the law? Exclude minor traffic violations except for drunk and/or reckless driving. A conviction does not necessarily bar you from receiving a license; however, failure to list all convictions may result in a denial. Yes No If Yes, state offense, date, location, and disposition of the case below. Use additional paper if necessary.

Federal Employer ID# if applicable _____ State Employer ID# if applicable _____

Number of Employees Reporting to Business Site _____ must indicate Fed ID# and State Employer ID# above

State Board of Equalization Resale Permit # if applicable _____

California State License # (Contractor, Cosmetology, Barber etc.) _____ Exp. Date _____

Home Occupation:

Business in Home: Will your home be used to conduct all or part of your business? Yes No

If yes, Home Occupation Clearance form must be attached and approved by the Planning Department.

Type of Business You Intend to Operate _____

Describe the activities of your business (include type of product, services, etc.) _____

<p>Planning Department Use Only: Preliminary Review by: _____ Zoning Designation: _____ Comments:</p>
--

- A. Will your business be equipped with an alarm system? Yes No
- B. Will the following materials be dispensed, stored, or used in the normal course of your business activity?
1. Food or drink intended for human consumption Yes No
 2. Alcoholic beverages Yes No
 3. Concealable firearms or gunpowder Yes No
 4. Over 500 junk tires Yes No
 5. Do you anticipate the use, storage, or handling of hazardous materials (solvents, fuels, paints, etc.) In your business which at any one time will exceed the following amount? **Please note:** the listed amounts apply regardless of individual container size.
55 Gallons (liquids) 500 Pounds (solids) 200 Cubic feet (gases) Yes No
 6. Will your business operations result in the generation of hazardous wastes? Yes No
If the answer to either question 5 or 6 was “no”, skip question 7.
 7. If the answer to either question 5 or 6 was “yes”, will your business be located within 1000 feet of a school, daycare, or medical facility? Yes No
- C. Will you regularly or occasionally provide services for the following on your premises?
1. Live music, entertainment, or theatrical presentations Yes No
 2. Dancing Yes No
 3. Electronic, mechanical, or video games of skill - How many? _____ Yes No
 4. Pool tables, Billiards, or cards - How many? _____ Yes No
 5. Swimming, sauna, steam room, or spa - How many? _____ Yes No
 6. Adult only, x-rated, or sexually oriented activities - How many? _____ Yes No
(as defined by City Ordinance 99-06)
- D. Will you use or employ residential door-to door solicitors or canvassers? Yes No

Acknowledgement background check will be performed for Special Licenses

Owner Signature: _____ Date of Birth: _____

IMPORTANT – PLEASE READ THE INFORMATION BELOW

Business Licenses are issued subject in part to the information provided by applicants. Any change in the information provided may invalidate the business license. The General Business License is not transferable to a new owner, new type of business, new type of business activity, or new location. It is the responsibility of all Business License Applicants to identify and obtain all special permits and approvals required by Federal, State, City or County Regulations. It is also the responsibility of the applicants to comply with all City Building and Zoning Regulations and Ordinances. Failure to do so may invalidate your right to do Business in the City and in addition may subject you to penalties and legal sanctions.

THIS APPLICATION IS PUBLIC RECORD

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that I may not operate business until I receive my license(s).

Signature of Applicant

Date