



Business License Application: Home Occupation

Please check one: [ ] New Application [ ] Change of Owner [ ] Change of Address [ ] Change of Business Name [ ] Daily/Itinerant BL

Corporate/Business Name: \_\_\_\_\_ Start of Bus. in Dublin (MM/YY): \_\_\_\_\_
DBA Name (if applicable): \_\_\_\_\_ Business Phone: \_\_\_\_\_
Business Location\*: \_\_\_\_\_ Business Fax: \_\_\_\_\_
Resale No.: \_\_\_\_\_
Mailing Address\*: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_
State ID No.: \_\_\_\_\_
Email: \_\_\_\_\_ CSLB No.: \_\_\_\_\_
Description of Business: \_\_\_\_\_ CSLB Type: \_\_\_\_\_
CSLB Exp. Date: \_\_\_\_\_

\*Cannot be PO Box per State of CA Business & Professions Code Section 17538.5

Ownership Type: [ ] Corporation [ ] LLC [ ] Sole Proprietor [ ] Partnership [ ] Trust

1st Owner Name: \_\_\_\_\_ Driv. Lic#: \_\_\_\_\_
Home Address\*: \_\_\_\_\_ DL State & Exp. Date: \_\_\_\_\_
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ SSN\*: \_\_\_\_\_

2nd Owner Name: \_\_\_\_\_ Driv. Lic#: \_\_\_\_\_
Home Address\*: \_\_\_\_\_ DL State & Exp. Date: \_\_\_\_\_
Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ SSN\*: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_
Address: \_\_\_\_\_
Alarm Co. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_
Address: \_\_\_\_\_

[ ] Please mark this box if you OWN your residence. If you RENT your residence, please provide the information/authorization below:
Own/Prop. Mgr.: \_\_\_\_\_ Primary Phone: \_\_\_\_\_
Address: \_\_\_\_\_

Own/Prop. Mgr. signature authorizing business use\*: \_\_\_\_\_
\*Letter from Own/Prop. Mgr. authorizing business use may be attached in place of acquiring signature above.

# of Employees: \_\_\_\_\_ Sq. Ft. of Bus. Space: \_\_\_\_\_ Operating Days/Hours: \_\_\_\_\_

Will business use/store/sell flammable, explosive, corrosive, hazardous materials? [ ] Yes [ ] No
Will business use/store/sell alcohol? [ ] Yes [ ] No

I declare that all of the information provided is correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that any false statements made are grounds for denial or revocation of my business license.

FEES\* DUE
\*Please see breakdown attached
Bus. Lic. Fee: \_\_\_\_\_
Penalty Fee: \_\_\_\_\_
Other Fee: \_\_\_\_\_
Senate Bill 1186 CASp Fee: \$4.00
TOTAL: \_\_\_\_\_

Business Owner/Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

City of Dublin  
Community Development Department

**Home Occupation Business License Supplemental Questionnaire - Page 1 of 2**

*This form must be completed by the prospective business owner in order to obtain a license to conduct business within a residence in the City of Dublin. Please answer the following questions, sign and date this form, and return it to the Community Development Department. The Dublin Zoning Ordinance allows a home occupation to be conducted in a Residential District when in compliance with the Home Occupation Regulations (Chapter 8.64). The following questionnaire will assist in determining if the operating characteristics of your proposed home occupation are consistent with these regulations.*

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

- Yes  No 1) Is your home occupation a **Large Family Day Care** or a **Cottage Food Operation**?
- a) If yes, a Zoning Clearance is required prior to the issuance of a Business License. Please contact the Planning Division at (925) 833-6610 for more information. You may skip the remainder of this form and sign and date the bottom.
- b) If no, complete the remainder of this Questionnaire.
- Yes  No 2) Will your home occupation be conducted within an accessory structure or temporary structure (excluding a lawfully constructed detached office, studio or workshop)?
- Yes  No 3) Will your home occupation change the external appearance of your residence?
- Yes  No 4) Will your home occupation require that construction equipment or work vehicles (such as plumbing vans, electronic repair vans, or similar equipment or work vehicles) be stored at your residence?
- Yes  No 5) Will more than one company vehicle (truck, van or automobile only) or any vehicle larger than  $\frac{3}{4}$  ton in capacity, be parked and used directly or indirectly in connection with your home occupation?
- Yes  No 6) Will your home occupation violate any applicable codes, laws or regulations of the City, County, State or Federal governments?
- Yes  No 7) Will your home occupation be conducted in the garage?
- a) If yes, how many parking spaces will remain available for the parking of vehicles? \_\_\_\_\_
- Yes  No 8) Will any vehicle used for your home occupation be parked in your garage, or in an assigned parking space or designated guest parking space (for multi-family dwellings)?
- Yes  No 9) Will your home occupation be located in an Emergency Shelter or Transitional Housing?
- Yes  No 10) Will your home occupation require that employees gather at or work from your residence (excluding employees who reside in the home)?
- Yes  No 11) Will your home occupation require the installation of equipment or appliances, or the storage of materials, of a non-residential nature, in your residence or in an accessory structure?
- Yes  No 12) Will you engage in activities or use equipment or material that would change the fire safety or occupancy classification of your residence, as set forth in the Building Code (i.e. from a residential occupancy to a hazardous occupancy)?
- Yes  No 13) Will your home occupation require the storage of flammable, explosive, or hazardous materials?
- Yes  No 14) Will your property be used only for the home occupation (i.e. you would not be living in the residence)?
- Yes  No 15) Will your home occupation be conducted outdoors (excluding swimming instruction) and/or in more than one room within your residence?
- Yes  No 16) Will customers visit the residence to receive merchandise or goods that are sold, leased or rented as part of your home occupation?
- Yes  No 17) Will customers visit the residence to receive services provided as part of your home occupation?

City of Dublin  
Community Development Department

**Home Occupation Business License Supplemental Questionnaire - Page 2 of 2**

- Yes  No 18) Will your home occupation create or cause traffic, noise, dust, light, vibration, odor, gas, fumes, toxic/hazardous materials, smoke, glare, electrical interference, or other hazards or nuisances beyond those normal for a residential area?
- Yes  No 19) Will your home occupation involve the outdoor storage or display of merchandise, equipment, appliances, tools, materials or supplies?
- Yes  No 20) Will any advertising sign, window display, or other identification of the home occupation be displayed on the premises (other than a house number and/or name plate)?
- Yes  No 21) Will your home occupation involve the storage of equipment, materials, wastes, or other items needed for, or produced by, a construction, landscaping or service trade?
- Yes  No 22) Will your home occupation provide instruction to more than two students at one time in music, academics, dance, or swimming, or would students be given instruction before 8:00am or after 9:00pm?
- Yes  No 23) Will your home occupation generate more than five additional pedestrian or vehicular trips per day or more than two delivery trips per day?
- Yes  No 24) Will your home occupation require that deliveries be made after 9:00pm or before 8:00am?
- 25) Will your home occupation involve any of the following types of businesses:
- Yes  No a. Adult Business Establishment?
- Yes  No b. Personal Services (excluding Tutoring)?
- Yes  No c. Carpentry or cabinet making?
- Yes  No d. Dance or night club?
- Yes  No e. Fortune telling?
- Yes  No f. Grooming, breeding, boarding (day or night), training or raising of any animal?
- Yes  No g. Medical or dental office, clinic or laboratory?
- Yes  No h. Mini-storage?
- Yes  No i. Repair (body or mechanical) or reupholstering of a vehicle not owned by you?
- Yes  No j. Repair Shop (including appliances, electronic equipment, furniture, fix-it shops, or plumbing)?
- Yes  No k. Eating and Drinking Establishment?
- Yes  No l. Welding and machining?

*I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.*

If you have any questions about the contents of this Questionnaire, please contact the City of Dublin Planning Division at (925) 833-6610 prior to submitting your application.

Business Owner/Representative Name (Print legibly or Type)

Business Owner/Representative Signature

Date