## HOME OCCUPATION BUSINESS LICENSE SUPPLEMENTAL APPLICATION

Use this form only if your business is being operated from your home or other non-commercial locations.

1. PROPERTY OWNER:				Phone:		
Address:						
Street Mailing address:	City	State	Zip Code			
Street	City	State		Zip Code		
2. APPLICANT'S NAME:				Phone:		
Business Address:						
Street			City	State	Zip Code	
Mailing Address:Street			City	State	Zip Code	
3. APN (ASSESSOR'S PARCEL NUME	BER OF BUSINESS LO	OCATION):				
4. Description of business activity	r:					
E Number of Employees not incl	uding owner:					
5. Number of Employees not incl	uding owner:					
6. Will the business occupy more	than 50 percent o	f the gross area	of one flo	oor? <u>Circle one: YE</u>	S NO	
7. Will the home occupation propremises in the creation of nois neighborhood in which such use	se, odors, smoke,	or other nuisa				
8. Will the home occupation gen the use is located? <u>Circle one: YES</u>	•	r vehicular traff	c beyond	that normal in th	e neighborhood in which	
9. Will the home occupation requ	ire any additions o	r extensions to	the dwelli	ng? <u>Circle one: YE</u>	S NO	
10. Will the home be used for the	production/manuf	acture/storage	of any god	ods or products. <u>C</u>	Circle one: YES NO	
11. If you answered yes above ex	xplain in detail. Atta	ach additional s	heets as ı	needed		
I understand that the home occu the Chief Building Inspector, Fire						
I certify that the information provi	ded for the above i	items is true to t	he best of	f my knowledge.		
Signature of the Applicant:				Date:		
Signature of the Property Owner:				_ Date:		