

County of Yolo Department of Community Services

292 West Beamer Street Woodland, Ca 95695-2598 Phone (530) 666-8775 FAX (530) 666-8156

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 OWN	ER:	Phone:		
Address:				
Mailing address:	Street	City	State	Zip Code
	Street	City	State	Zip Code
2. APPLICANT'S NAME:		Phone:		
Business Address:				
Mailing Address:	Street	City	State	Zip Code
	Street	City	State	Zip Code
3. APN (ASSESSOR'S P	ARCEL NUMBER OF BI	JSINESS LOCATION):		
4. Description of busir	ness activity:			
 Number of Employe Will the business or 	-		ss area of one floor? <u>Circle</u>	e one: YES NO
	tion of noise, odors	s, smoke, or other	nuisances to a degree	al appearance of the dwelling or greater than that normal for the
8. Will the home occu the use is located? <u>Cir</u>		destrian or vehicul	ar traffic beyond that nor	mal in the neighborhood in which
9. Will the home occu	pation require any a	dditions or extension	ons to the dwelling? <u>Circle</u>	one: YES NO
10. Will the home be u	used for the product	ion/manufacture/st	orage of any goods or pro	oducts. <u>Circle one: YES NO</u>
11. If you answered ye	es above explain in o	detail (Attach additi	onal sheets as needed):_	
	•			251 of the Zoning Ordinance and e Business License Division.
Loortify that the inform	nation provided for th	a abava itama ia ti	up to the heat of my know	ladaa

I certify that the information provided for the above items is true to the best of my knowledge.

Signature of the Applicant:_____ Date:_____

Signature of the Property Owner:_____ Date:_____