

## **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
Maining address.	Street	City	State	Zip Code
2. APPLICANT'S NAME:		Phone:		
Business Address:				
Mailing Address:	Street	City	State	Zip Code
0	Street	City	State	Zip Code
3. APN (ASSESSOR'S P	ARCEL NUMBER OF B	USINESS LOCATION):		
4. Description of busir	ness activity:			
5. Number of Employe	ees not including ow	ner:		
6. Will the business or	ccupy more than 50	percent of the gros	s area of one floor? <u>Circle</u>	one: YES NO
	tion of noise, odors	s, smoke, or other	nuisances to a degree g	appearance of the dwelling or greater than that normal for the
<b>8.</b> Will the home occu the use is located? <u>Cir</u>		destrian or vehicula	ar traffic beyond that norm	nal in the neighborhood in which
9. Will the home occu	pation require any a	dditions or extensio	ons to the dwelling? Circle of	one: YES NO
<b>10.</b> Will the home be	e used for the produ	ction/manufacture/	storage of any goods or pr	roducts. <u>Circle one: YES NO</u>
<b>11.</b> If you answered	yes above explain i	n detail (Attach add	ditional sheets as needed)	:
				06(e) of the Zoning Ordinance d the Business License Division.
I certify that the inform	nation provided for th	ne above items is tr	ue to the best of my know	ledge.

Signature of the Applicant:\_\_\_\_\_ Date:\_\_\_\_\_

Signature of the Property Owner:\_\_\_\_\_ Date:\_\_\_\_\_