



City of Burbank  
**COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING & SAFETY DIVISION**  
150 North Third Street • (818) 238-5280 • www.burbankca.gov  
**BUSINESS APPLICATION – HOME OCCUPATION**

**Mail & Make Checks Payable to:**  
City of Burbank  
P.O. Box 6459  
Burbank, CA 91510-6459  
Email: cdd-license@burbankca.gov

**IMPORTANT TO NOTE:** This is only an application and is not proof of final approval of a permit.

PLEASE PRINT CLEARLY

Reason for Application <input type="checkbox"/> New business <input type="checkbox"/> Existing Burbank moving to new location <input type="checkbox"/> Change of owners or officers		<input type="checkbox"/> Business name change <input type="checkbox"/> Add or drop business partners <input type="checkbox"/> Change of type of business	<b>OFFICE USE ONLY:</b> Bill Number: BT _____ Inspection Time/Date: _____ Inspector: _____
Date of Application:			
Business Name:			
Business Address:			
Mailing Address (if different):			
Business Phone:	Business Fax:	Business Website/Email	
Contact Person Name:		Contact Person Phone:	
Contact Person Mailing Address:		Contact Person Email:	
Detailed Description of Business (attach additional sheets if needed): _____ _____ _____			
Starting Date of Business in Burbank:		Number of Employees: _____ (Employment for actual work done on the premises is limited to residents of the dwelling unit.)	
Home Occupation Conducted in <input type="checkbox"/> Dwelling <input type="checkbox"/> Accessory Structure The Home Occupation is only permitted inside the dwelling unit or an entirely enclosed roofed accessory structure that is <b>not a garage</b> .			
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trust <input type="checkbox"/> Other _____			
Social Security No. or Federal Employer ID No.		Corporate Name (if different)	
Owners, Partners, or Corporate Officers (attach additional sheets if needed)			
Name	Title	Driver License No.	
Home Address	Phone	Email	
Name	Title	Driver License No.	
Home Address	Phone	Email	
Name	Title	Driver License No.	
Home Address	Phone	Email	
I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application.			
Applicant Printed Name _____		Title _____	
Applicant Signature _____		Date _____	

**OFFICE USE – Fees subject to annual increase****BUSINESS LICENSE****BUSINESS TAX**

APPLICATION FEE \$ \_\_\_\_\_

REGIS/TRANSFER FEE \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_

PRO-RATE \$ \_\_\_\_\_

ZONING REVIEW \$ \_\_\_\_\_

CLASS CODE: \_\_\_\_\_

ZONING REVIEW \$ \_\_\_\_\_

BASE TAX \$ \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

LICENSE FEE \$ \_\_\_\_\_

PRO-RATE \$ \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

ADJUSTMENT AMT \$ \_\_\_\_\_

EMPLOYEE LEVY:  
\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

CSA FEE \$ \_\_\_\_\_

TOTAL TAX \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

ADJUSTMENT AMT \$ \_\_\_\_\_

CSA FEE \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

**COTTAGE FOOD BUSINESS – VERIFIED FIRE EXTINGUISHER ON SITE:**☐ YES**NOTES/COMMENTS:**