



**City of Burbank**  
**Community Development Department – Building Division**  
 150 North Third Street / 818-238-5280 / www.burbankca.gov  
**BUSINESS APPLICATION – HOME OCCUPATION**

**PLEASE PRINT ALL INFORMATION**

|   |                                    |   |
|---|------------------------------------|---|
| <b>Reason for Application:</b><br><input type="checkbox"/> New Business <input type="checkbox"/> Business Name Change<br><input type="checkbox"/> Business Moving to New Location <input type="checkbox"/> Add or Drop Business Partner<br><input type="checkbox"/> Change in Type of Business <input type="checkbox"/> Change in Type of Ownership |                                    | <b>(Office Use Only)</b><br>Inspection Date/Time: _____<br>Inspector: _____ |
| Date of Application: _____  |                                    |   |
| Business Name: _____  |                                    |   |
| Business Address: _____   |                                    |   |
| Mailing Address (if different): _____   |                                    |   |
| Corporate Name: _____   | Business Phone: (    ) _____       |   |
| Email / Web Address: _____  | Business FAX: (    ) _____         |   |
| Contact Person Name: _____  | Contact Person Phone: (    ) _____ |   |
| Detailed Description of Business (attach additional sheets if needed)<br>_____<br>_____<br>_____  |                                    |   |
| Approx. Starting Date of Business in Burbank: _____   |                                    |   |
| 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 or Federal ID Number: _____   |                                    |   |
| <b>Owners, Partners or Corporate Officers (attach additional sheets if needed)</b>  |                                    |   |
| Name: _____   | Title: _____                       |   |
| Home Address: _____   |                                    |   |
| Phone: (    ) _____   | Driver License No.: _____          | Email: _____  |
| Name: _____   | Title: _____                       |   |
| Home Address: _____   |                                    |   |
| Phone: (    ) _____   | Driver License No.: _____          | 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. I hereby acknowledge that I have read the regulations that apply to home occupations and agree to comply with them.

**Applicant's Printed Name** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Use Only**

|                 |          |                              |       |                             |          |
|-----------------|----------|------------------------------|-------|-----------------------------|----------|
| LICENSE FEE     | \$ _____ | DATE PAID                    | _____ | BASIC TAX                   | \$ _____ |
| PRO-RATE        | \$ _____ | CLASS CODE                   | _____ | EMPLOYEE RATE FEE           |          |
| PERMIT FEE      | \$ _____ | BUSINESS ACCT NO.            | _____ | _____ X \$ _____ = \$ _____ |          |
| APPLICATION FEE | \$ _____ | ZONE                         | _____ | TOTAL TAX                   | \$ _____ |
| ADJUSTMENT AMT  | \$ _____ | NO. OF PERSONS/DOGS/VEHICLES | _____ | PRO-RATE                    | \$ _____ |
| CSA FEE         | \$ _____ | LICENSE ISSUED DATE          | _____ | REG / TRANSFER FEE          | \$ _____ |
| TOTAL DUE       | \$ _____ |                              |       | ADJUSTMENT AMOUNT           | \$ _____ |
|                 |          |                              |       | CSA FEE                     | \$ _____ |
|                 |          |                              |       | TOTAL DUE                   | \$ _____ |

| <u>APPROVALS</u> | DATE  | APPROVED                 |                          | BY    | DATE  |
|------------------|-------|--------------------------|--------------------------|-------|-------|
|                  |       | YES                      | NO                       |       |       |
| TO PLANNING      | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| TO FIRE          | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| TO POLICE        | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| TO HEALTH        | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| TO BUILDING      | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |

LICENSE / CERTIFICATE ISSUED

**Notes and Comments**