



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

Reason for Application: <input type="checkbox"/> New Business <input type="checkbox"/> Business Name Change <input type="checkbox"/> Business Moving to New Location <input type="checkbox"/> Add or Drop Business Partner <input type="checkbox"/> Change in Type of Business <input type="checkbox"/> Change in Type of Ownership		(Office Use Only) Inspection Date/Time: _____ 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) _____ _____		
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 not a garage.
Approx. Starting Date of Business in Burbank: _____	No. of Employees (Employment for actual work done on the premises is limited to residents of the dwelling unit.) _____	
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: _____		
Owners, Partners or Corporate Officers (attach additional sheets if needed)		
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	\$ _____
TOTAL DUE	\$ _____			REG / TRANSFER FEE	\$ _____
				ADJUSTMENT AMOUNT	\$ _____
				TOTAL DUE	\$ _____

**COTTAGE FOOD BUSINESS
VERIFIED FIRE EXTINGUISHER ON SITE:
YES**

BUSINESS APPROVED	
YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
BY _____	DATE _____
LICENSE / CERTIFICATE ISSUED	

Notes and Comments