



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

Mail & Make Checks Payable to:
 City of Burbank
 P.O. Box 6459
 Burbank, CA 91510-6459

BUSINESS APPLICATION – HOME OCCUPATION

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		OFFICE USE ONLY: 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 not a garage .					
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 \$ 61.00

CLASS CODE: _____

ZONING REVIEW \$ 61.00

BASE TAX \$ _____

ACCOUNT NO: _____

LICENSE FEE \$ _____

PRO-RATE \$ _____

ISSUE DATE: _____

ADJUSTMENT AMT \$ _____

EMPLOYEE LEVY:
_____ X \$ _____ = \$ _____

CSA FEE \$ 4.00

TOTAL TAX \$ _____

TOTAL DUE \$ _____

ADJUSTMENT AMT \$ _____

CSA FEE \$ 4.00

TOTAL DUE \$ _____

COTTAGE FOOD BUSINESS – VERIFIED FIRE EXTINGUISHER ON SITE: YES

NOTES/COMMENTS: