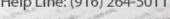


300 Richards Boulevard 3rd Floor Sacramento, CA 95811







Home Occupation Permit Application (Sacramento City Code Title 17.224)

This application form shall be submitted with your Business Operations Tax Certificate application at Revenue Division at the New City Hall, 915 I Street, Room 1214, Sacramento, CA 95814

Name of Applicant:	E-Mail Address:
Home Address:	
	Cell Number:
Business Name:	
Business Category (check one):	
☐ Office for:	
☐ Commission merchant, direct sale	s, product distribution, internet or mail order business
$\hfill\square$ Contractor, handyperson, janitoria	service, landscape contractor, gardening service (office)
☐ Dressmaker, tailor, fashion design	er en
☐ Artist	
☐ Tutor	
	et grooming, pet training, and veterinarian care
☐ Healing arts professional, including practitioner	physician, surgeon, chiropractor, physical therapist, acupuncturist, and somatic
$\hfill\square$ Small equipment, appliance and c	mputer assembly, repair or reconstruction
$\hfill\square$ Hair stylist, barber, and manicurist	
\square Mobile vehicle glass installation, n	obile vehicle detailing
☐ Swimming instructor	
□ Other:	
Business Description:	
Do you have employees: LI Yes L	No If yes, number of employees:
	me? Yes No If yes, please be aware that you must comply with building ation Permit restrictions regarding the number of customers/clients at the home.
	ME OCCUPATION PERMIT APPLICATION INFORMATION SHEET AND, IF A PERMIT IS TRICTIONS, SPECIAL CONDITIONS, AND TERMS OF THE HOME OCCUPATION PERMIT
Initial I UNDERSTAND THAT ASSESSED AND/OR REVOCATION OF	VIOLATION OF THESE REGULATIONS MAY RESULT IN A PENALTY BEINGS THE HOME OCCUPATION PERMIT
Signature:	Date:
	Office Use Only
APN:	BOT #: HOP #:
Date entered into Accela:	By (Initials):

■ CALL 🚅 我門課中文 • Hablamos español • Mar เอลอุดด ขอ-ดูบูธธรร • พอภาเช็กเอ็กพาตกอาอ • Peb hais lus Hmooh • Chúng tôi nói tiếng Việt •

• (916) 264-5011