Community Development Department 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: $\qquad$ E-Mail Address:

Home Address:
Work Phone Number: $\qquad$ Cell Number: $\qquad$
Business Name:

## Business Category (check one):

$\square$ Office for:
$\square$ Commission merchant, direct sales, product distribution, internet or mail order business
$\square$ Contractor, handyperson, janitorial service, landscape contractor, gardening service (office)
$\square$ Dressmaker, tailor, fashion designer
$\square$ Artist
$\square$ Tutor
$\square$ Pet services, such as pet sitting, pet grooming, pet training, and veterinarian care
$\square$ Healing arts professional, including physician, surgeon, chiropractor, physical therapist, acupuncturist, and somatic practitioner
$\square$ Small equipment, appliance and computer assembly, repair or reconstruction
$\square$ Hair stylist, barber, and manicurist
$\square$ Mobile vehicle glass installation, mobile vehicle detailing
$\square$ Swimming instructor
$\square$ Other: $\qquad$
Business Description:

Do you have employees: $\square$ Yes $\square$ No If yes, number of employees: $\qquad$
Will clients/customers come to the home? $\square$ Yes $\square$ No If yes, please be aware that you must comply with building code requirements and Home Occupation Permit restrictions regarding the number of customers/clients at the home.

Initial I HAVE READ THE HOME OCCUPATION PERMIT APPLICATION INFORMATION SHEET AND, IF A PERMIT IS ISSUED, WILL COMPLY WITH THE RESTRICTIONS, SPECIAL CONDITIONS, AND TERMS OF THE HOME OCCUPATION PERMIT

Initial I UNDERSTAND THAT VIOLATION OF THESE REGULATIONS MAY RESULT IN A PENALTY BEINGS ASSESSED AND/OR REVOCATION OF THE HOME OCCUPATION PERMIT

Signature: $\qquad$ Date:
Office Use Only
APN: $\qquad$ BOT \#: $\qquad$ HOP \#: $\qquad$
Date entered into Accela:
By (Initials):

- (916) 264-5011

