

Home Occupation Permit Application
(Sacramento City Code Title 17.228.200)

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: _____
Work Phone Number: _____ Cell Number: _____
Business Name: _____

Business Category (check one):

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

Business Description: _____

Do you have employees: Yes No If yes, number of employees: _____

Will clients/customers come to the home? Yes 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: _____ Date: _____

Office Use Only

APN: _____ BOT #: _____ HOP #: _____
Date entered into Accela: _____ By (Initials): _____