



CITY OF TEMPLE CITY  
 9701 LAS TUNAS DRIVE  
 TEMPLE CITY, CA 91780  
 (626) 285-2171

DATE: \_\_\_\_\_

ZONING CLASS: \_\_\_\_\_

PLANNING'S INITIALS: \_\_\_\_\_

APPLICATION FOR BUSINESS LICENSE

| PLEASE CHECK APPLICABLE STATUS/CLASSIFICATION  |                     |                                  |                           |                |
|--|---------------------|----------------------------------|---------------------------|----------------|
| NEW BUSINESS _____   | CHANGE OF:          | OWNERSHIP _____                  | LOCATION _____            | BUSINESS _____ |
| RETAILER _____   | WHOLSALER/MFG _____ | HOME OCCUPATION _____            | SPECIALTY BUSINESS _____  |                |
| SERVICE _____  | PROFESSIONAL _____  | BUSINESS BY VEHICLE _____        | Specify: _____            |                |
| BUSINESS NAME (DBA): _____   |                     |                                  |                           |                |
| BUSINESS ADDRESS: _____  |                     |                                  |                           |                |
| MAILING ADDRESS (IF DIFFERENT): _____  |                     |                                  |                           |                |
| BUSINESS PHONE #:  |                     | ANTICIPATED BUSINESS START DATE: |                           |                |
| STATE/REG<br>LICENSE #:  | EXPIRATION<br>DATE: | RESALE/<br>SALES TAX #:          |                           |                |
| FEDERAL EMPLOYEE I.D.<br>OR SOCIAL SECURITY NUMBER:  |                     | STATE EMPLOYEE<br>I.D. NUMBER:   |                           |                |
| BUSINESS<br>OWNER'S NAME:  |                     | TITLE:                           | CA DRIVER'S<br>LICENSE #: |                |
| HOME<br>ADDRESS:   |                     | HOME<br>PHONE #:                 |                           |                |
| NUMBER OF EMPLOYEES WORKING MORE THAN 20 HOURS/WEEK (NOT INCLUDING OWNERS): _____<br><i>If you have employees, please provide the City with proof of Worker's Compensation</i> |                     |                                  |                           |                |
| NUMBER OF VEHICLES USED FOR PURPOSE OF YOUR BUSINESS? _____  |                     |                                  |                           |                |
| DO YOU HAVE VENDING/VIDEO MACHINES? <i>circle one</i> YES NO IF YES, HOW MANY? _____   |                     |                                  |                           |                |
| ARE YOU A FIREARMS DEALER? <i>circle one</i> YES NO  |                     |                                  |                           |                |
| IS THE BUSINESS OWNED BY AN:      INDIVIDUAL _____      PARTNERSHIP _____      CORPORATION _____ ?   |                     |                                  |                           |                |
| <i>If applicable, please provide a copy of Articles of Incorporation and the following information on all principal officers:</i>  |                     |                                  |                           |                |
| NAME:  |                     | TITLE:                           | CA DRIVER'S<br>LICENSE #: |                |
| HOME<br>ADDRESS:   |                     | HOME PHONE #:                    |                           |                |
| NAME:  |                     | TITLE:                           | CA DRIVER'S<br>LICENSE #: |                |
| HOME<br>ADDRESS:   |                     | HOME<br>PHONE #:                 |                           |                |
| PROPERTY OWNER'S NAME:   |                     |                                  | PHONE #:                  |                |
| ADDRESS: _____   |                     |                                  |                           |                |

HAVE YOU OPERATED THIS BUSINESS UNDER ANOTHER NAME AND/OR AT ANOTHER LOCATION? *If yes, state other name/location:*

WILL THERE BE ANY OUTSIDE STORAGE? *If yes, describe the kind below and indicate the location on the site/floor plan:*

WILL THERE BE ANY HANDLING, TRANSPORTATION, STORAGE OR MANUFACTURING OF ANY EXPLOSIVE, FLAMMABLE, TOXIC OR OTHER HAZARDOUS GASES, LIQUIDS OR SOLIDS? *If yes, describe the kind and location – tanks and other principle storage must be shown on the plot/floor plans:*

WILL THERE BE ANY ALTERATION(S) TO THE STRUCTURE TO ACCOMMODATE YOUR BUSINESS USE? *For example, new rooms, walls, interior offices, installation or removal of major equipment. If yes, show on plot/floor plan and describe below:*

DESCRIBE YOUR BUSINESS ACTIVITIES IN DETAIL:

Article V Section 5135: NO PART OF THE LICENSE FEE COLLECTED SHALL BE RETURNED BUT SHALL BE FORFEITED TO THE CITY.

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. AS A CONDITION FOR THE ISSUANCE OF THE CERTIFICATE APPLIED FOR, I MUST AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED; CONDUCT ALL PHASES OF THIS BUSINESS IN ACCORDANCE WITH REGULATIONS ESTABLISH FOR SUCH BUSINESS AND TO MAINTAIN ALL PERSONNEL, VEHICLES, AND/OR EQUIPMENT THAT MAY BE USED IN CONNECTION THERWITH, IN CONFORMANCE WITH ALL APPLICABLE LAWS, ORDINANCES AND REGULATIONS.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARTNER/OFFICER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please return this application as well as the attached forms along with your remittance to the City Hall. Make all checks payable to the "City of Temple City." The amount to be paid is shown on the fee schedule. If you have any questions, call the Business License Division at (626) 285-2171.*

FOR OFFICE USE ONLY

|                |           |               |          |
|----------------|-----------|---------------|----------|
| LICENSE FEE    | \$ 64.00  | RECEIPT # BL  | _____    |
| PROCESSING FEE | \$ 135.00 | AMT RECEIVED  | \$ _____ |
| PERMIT FEE     | \$ _____  | DATE RECEIVED | _____    |
| SHERIFF FEE    | \$ _____  | RECEIVED BY   | _____    |
| OCCUPANCY FEE  | \$ _____  | C.U.P         | _____    |
| EMPLOYEE FEE   | \$ _____  |               |          |
| TOTAL          | \$ 199.00 |               |          |

**TO:** PLANNING DEPARTMENT

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_  
Business Name

**SUBJECT:** APPLICATION FOR A HOME OCCUPATION BUSINESS LICENSE

I, \_\_\_\_\_, a resident of  
Name

\_\_\_\_\_, Temple City, do  
Address

hereby make an application for approval of a Home Occupation. I am familiar with City Code Requirements, and understand them. I hereby certify that I do now comply and will continue to comply with these regulations as long as I have a business in my home.

\_\_\_\_\_  
Signature

CITY CODE REQUIREMENTS:

- (A) There is no display or storage of goods, wares, merchandise or stock in trade maintained on the premises;
- (B) There is not more than one person regularly employed in such occupation;
- (C) There is no equipment used in conjunction with such occupation, which emits, dust, fumes, noise, odor, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties;
- (D) There is not more than 200 square feet of floor space of the dwelling devoted to such use;
- (E) There is no appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation, calling or profession;
- (F) There is no alteration of the structure;
- (G) There is no use of any sign not otherwise permitted in the zone in which the occupation is located.

**OFFICE USE ONLY**

CITY OF TEMPLE CITY  
HOME OCCUPATION BUSINESS LICENSE CHECKLIST

1. What is the zone classification? \_\_\_\_\_
2. Is there any display or storage of goods, wares, merchandise, or stock in trade maintained on the premises? \_\_\_\_\_
3. Is there more than one person regularly employed in such occupation? \_\_\_\_\_
4. Is there equipment used in conjunction with such occupation, which emits dust, fumes, noise, odor, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties? \_\_\_\_\_
5. Is there more than 200 square feet of the floor space of the dwelling devoted to such use? \_\_\_\_\_
6. Is there an appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation, calling or profession? \_\_\_\_\_
7. Has there been an alteration of the structure? \_\_\_\_\_
8. Is there use of any sign not otherwise permitted in the zone? \_\_\_\_\_
9. Does this occupation violate any other ordinance of the City? \_\_\_\_\_
10. Are there any manifestations, which distinguish this property from others located in this zone or neighborhood? \_\_\_\_\_

Comments and/or explanation: \_\_\_\_\_  
\_\_\_\_\_

Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of person making investigation:

\_\_\_\_\_ Date: \_\_\_\_\_

I find, based upon applicant's statements and/or investigator's statements, that this home occupation meets ( ) does not meet ( ) ordinance requirements and it is therefore approved ( ) denied ( ).

\_\_\_\_\_  
PLANNING DEPARTMENT APPROVAL

\_\_\_\_\_  
DATE