



City of Temple City
Community Development Department

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____

Corporation Name: _____

Business Address: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

Email: _____ Website: _____

Business Description: _____

ADDITIONAL INFORMATION

Type of Ownership: Sole Proprietor _____ Partnership _____ LLC _____ Corporation _____

Federal ID Number/SSN: _____ State Employee ID Number: _____

State License: _____ Type: _____ Expiration: _____

Sellers Permit: _____ Employees Over 20 Hours: _____

OWNER INFORMATION (ATTACH LIST FOR ADDITIONAL OWNERS)

Name: _____ Title: _____

Address: _____

California Drivers License: _____ SSN: _____

Phone Number: _____ Email: _____

Name: _____ Title: _____

Address: _____

California Drivers License: _____ SSN: _____

Phone Number: _____ Email: _____

PROPERTY OWNER INFORMATION

Name/Management Company: _____

Address: _____

Phone Number: _____ Email: _____

Signature: _____

DISABILITY ACCESS INFORMATION

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS RESPONSIBILITY THAT APPLIES TO ALL CALIFORNIA BUILDING OWNERS AND TENANTS WITH BUILDINGS OPEN TO THE PUBLIC. YOU MAY OBTAIN INFORMATION ABOUT YOUR LEGAL OBLIGATIONS AND HOW TO COMPLY WITH DISABILITY ACCESS LAWS BELOW:

DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/home.aspx **DEPARTMENT OF REHABILITATION:** www.rehab.cahwnet.gov/ **CALIFORNIA COMMISSION ON DISABILITY ACCESS:** www.cdda.ca.gov

CONDITIONS OF AGREEMENT

A Business License is issued to the business owner providing a proposed use is permitted and all general requirements, applicable regulations, and conditions of approval are satisfied. A business must carry a valid Temple City Business License prior to operation. All approved Business Licenses are subject to any applicable requirements pursuant to the Temple City Municipal Code (TCMC). The Business License expires December 31st of each year. A courtesy renewal notice will be sent however, fees are still due even if the notice is not received. Failure to pay an annual license tax when due, the license collector shall add a penalty of ten percent of said license tax on the thirtieth day of each month after the due date thereof.

Initial here _____

Under the provisions of Section 3700 of the California Labor Code, I am required to carry Workers Compensation insurance for my employees at all times. I hereby certify that I will carry Workers Compensation insurance for my employees at all times.

Initial here _____

I understand that all business sites are required to abide by the requirements set forth in TCMC such as but not limited to the following: post no smoking signs (TMC Section 3-2C) at the business site, be free of chipped/stained paint, maintain adequate landscaping, be free of trash and debris, and maintain your business site in a clean and orderly manner. All businesses are subject to reevaluation by the City at any given time. Should the City make the findings that any given business is in violation of TCMC, a Community Preservation Officer carries the authority to issue a Notice of Code Violation or citation if deemed necessary regardless of business license status.

Initial here _____

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 established for such business and to maintain all personnel, vehicles, and/or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Initial here _____

Signature: _____

Date: _____

Name (*print or type*): _____

Phone: _____

FOR OFFICE USE ONLY

Business License: \$ _____	Amount Received: \$ _____	Planning: _____
Employee/Owner: \$ _____	Payment Type: _____	Building & Code: _____
Background: \$ _____	Receipt: _____	Business License: _____
CAsp Fee: \$ 4.00 _____	Date: _____	Comments: _____
Total: \$ _____	File/Resolution: _____	_____

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. If my property is deemed to not adhere to the conditions listed below, I will be reimbursed for the business license fee and understand that the processing fee is nonrefundable. 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, order, 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.



City of Temple City

BUSINESS LICENSE CHECKLIST

THIS CHECKLIST WILL BE USED BY STAFF TO DETERMINE IF AN APPLICATION CONTAINS THE APPROPRIATE REQUIREMENTS TO BEGIN THE APPLICATION PROCESS. ALL ITEMS LISTED BELOW MUST BE INCLUDED. IF ANY ITEMS ARE NOT INCLUDED THE PROJECT WILL NOT BE ACCEPTED FOR SUBMITTAL.

MINIMUM APPLICATION FILING REQUIREMENTS

- Completed *Business License Application*
- Proof of business name - Los Angeles County Recorder's Office, 12400 Imperial Hwy. # 1201, Norwalk (800) 201-8999, www.lavote.net and/ or Articles of Incorporation, www.ca.gov
- Copy of Lease Agreement
- Applicable Filing Fees
- Seller's Permit – California Department of Tax and Fee Administration (CDTFA), 1521 W. Cameron, #300, West Covina (626) 480-7200, www.cdtfa.gov

BUSINESS LICENSE FEE SCHEDULE

Fees	Jan-March \$68
	April-June \$51
	July-September \$34
	October-December \$17
State fee	\$4
Processing Fee (one-time fee)	\$143.00

ADDITIONAL INFORMATION

Chamber of Commerce
 5938 Kauffman ., Temple City
 (626) 286-3101
www.templecitychamber.org

Los Angeles Economic Development Corporation
 Resources for Business Assistance, Retention, Expansion
 (213) 622-4300; www.laedc.org

Small Business Development Center
 330 N. Brand St. #1200 Glendale, CA
 (818) 552-3201; www.sba.go

Dept. of Human Resources and Development
 State Disability and Employment Insurance
 888 S. Figueroa St. #200 Los Angeles CA
 (800) 480-3287; www.edd.ca.gov

Partners for Progress Work-Source Center (SASSFA)
 10400 Pioneer Blvd., #9, Santa Fe Springs, 90670
 (562) 946-2237; www.sassfa.org

VEDC
 Small Business California Loan Program
 5121 Van Nuys Blvd. 3rd Floor, Van Nuys
 (818) 907-9977; www.vedc.org