



City of Hermosa Beach

Community Development Department | Planning Division

1315 Valley Drive, Hermosa Beach, CA 90254

o: 310-318-0235 e: communitydevelopment@hermosabeach.gov

Office Hours: Monday – Thursday 7:00 AM – 6:00 PM

HOME OCCUPATION BUSINESS LICENSE APPLICATION

Address of Business: _____
Business Name: _____
Applicant’s Name: _____
Applicant’s Phone: _____
Applicant’s Email: _____

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| <p><u>Please Check One</u></p> <p><input type="checkbox"/> New Application</p> <p><input type="checkbox"/> Change of Address</p> <p><input type="checkbox"/> Change of Business Name</p> |
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Describe Business Activity in detail (items sold, services provided, activities conducted in residence):

Please answer the following questions:

1. Which area of your residence will the home occupation be conducted?

2. What is the total square feet of your residence?

3. What is the square feet that will be utilized for your home occupation?

4. Will there be customers/clients visiting site? Yes No
5. Materials stored on site? Yes No
If yes, where? _____
Type(s) of material(s): _____
6. Employee(s) on site (besides resident)? Yes No

In connection with the Home Occupation, **all** of the following conditions from Hermosa Beach Municipal Code (HBMC) [Section 17.08.020 \(D\)](#) must be satisfied:

1. Such occupation shall be carried on only by occupants of a dwelling and shall involve the use of not more than four hundred (400) square feet, not to exceed twenty-five (25) percent of the total area of the permitted buildings on the premises.
2. Inventory and supplies for such home occupation shall occupy not more than twenty-five (25) percent of the permitted area and shall be stored entirely within an enclosure or building.

3. No sale of goods is permitted on the premises.
4. No employees are allowed.
5. No signs are permitted.
6. No display of any kind shall be visible from the exterior of the premises.
7. Light, but not medium or heavy, business machines are allowed. The classification by the planning department shall be final.
8. No presses, data processing equipment, or any electrical or other equipment requiring specialized electrical installation, or requiring over one hundred twenty (120) volts of power to operate are allowed, nor shall any mechanical shop or electrical tools be permitted except those which are customary to home crafts.
9. No tools or equipment may be operated which make a sound audible from without the premises at a distance of twenty (20) feet from the property line, between the hours of six p.m. and nine a.m. No activity or equipment which makes any loud or whining noise discernible from without the premises is permitted at any time.
10. No garaging or storing of vehicles bearing any advertising related to the home occupation is allowed upon the premises or in the street in the vicinity.
11. No foot or vehicle traffic may be generated to or from the premises except for traditional uses such as tutors and day care centers as approved by the planning director.
12. There shall be complete conformity to fire, building, plumbing, electrical, zoning and health codes and to all state and city laws and ordinances; except, where required parking spaces are not available, the planning commission may temporarily waive such requirements if they find:
 - a. The garage, carport or space is not available solely because of temporary storage, and not because of construction and/or building improvement or modifications, and
 - b. The temporary storage is not related to products, materials, etc., used for the conduct of the home occupation, and
 - c. Such waiver to be effective only if no detrimental effects are caused to adjacent properties and no valid complaints were filed due to storage.
13. No structural alterations of the premises are permitted solely for the benefit of the business.
14. No listing or advertising of the address of such home occupation for business purposes is permitted including display ads in telephone, business and city directories and in newspapers and magazines. The telephone number and address may be listed on business cards.
15. The term of any permit shall be for one year, or for such other period as shall be authorized by the city council.

16. It shall be a condition of any permit hereunder that the applicant shall agree that, in the event of amendment of this section to prohibit such or any home occupation in a zone in which the same is situated, that such home occupation shall not have the status of nonconforming use, and may be eliminated forthwith without provision for extended liquidation or amortization.

17. Prior to permit approval, the premises shall be inspected to determine compliance with all limitations and requirements, particularly subsection D (12) of this section.

I, (print) _____, have read and understand the restrictions for a “Home Occupation” as established by the City of Hermosa Beach Municipal Code [Section 17.08.020 \(D\)](#) and acknowledge that my business shall be in full conformance.

Applicant’s Signature: _____ **Date:** _____

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| <p>For Office Use:</p> <p><u>COMMUNITY DEVELOPMENT DEPARTMENT</u></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>Special Condition(s) if applicable: _____</p> <p>Staff Signature: _____ Date: _____</p> <p><u>FINANCE CASHIER DEPARTMENT</u></p> <p>Business License Number: _____ Issued Date: _____</p> <p>Notes: _____</p> <p>Fire Inspection Date: _____ Fire Inspector Initial: _____</p> <p>Fire Inspection: <input type="checkbox"/> Passed <input type="checkbox"/> Failed</p> <p>Staff Signature: _____ Date: _____</p> |
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CITY OF HERMOSA BEACH

1315 Valley Drive • Hermosa Beach, California 90254
Attn: Business License • (310) 318-0206 • FAX (310) 937-5959

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION

BUSINESS LICENSE APPLICATION

• OFFICIAL USE ONLY •

Business Name _____

Corporate Name _____

(If Different)

Business Location _____

(Not P. O. Box)

City _____ State _____ Zip _____

Bus. Phone () _____

Mailing Address _____

(if Different)

City _____ State _____ Zip _____

Ownership: Corporation Partnership Trust
 Sole Proprietor Ltd Liability Corp.

Tax I. D. No. or Social Security No. _____

LICENSE NO. _____

EXPIRATION DATE _____

SIC CODE _____

RATE TYPE _____

REGISTERDATE _____

CHECK# _____ CASH

CREDIT CARD

| Start Date | Description of Business |
|------------|-------------------------|
| | |

Bus. Fax () _____ Email Address _____ Website _____

State Lic. No. _____ License Type _____ Resale No. _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Owner Name _____ Title _____ Phone () _____

Home Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name _____ Title _____ Phone () _____

Address _____ Cell Phone () _____

City _____ State _____ Zip _____

Alarm System (if applicable)

Name _____ Phone () _____

Address _____ License No. _____

PLEASE FILL IN THE APPROPRIATE BOXES
BELOW AND SIGN ON REVERSE SIDE

FOR CITY USE ONLY

Gross Receipts \$

Number of Employees Full Time Part Time

Number of Vehicles

Total Number of Units

Owner Exempt Unit Yes No

Number of Days Open after 12 AM

Mon. Tues. Wed.

Circle the Days Open after 12 AM Thurs. Fri. Sat. Sun.

Number of Vending Machines

NOTICE: Under federal and state law, compliance with disability access laws is a serious and significant 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 at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

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|---------------------|---------|
| Base Tax | \$ |
| Gross Receipt Tax | \$ |
| (Credit) | \$ |
| Vehicle/Unit Tax | \$ |
| Vending Machine Tax | \$ |
| Employee Tax | \$ |
| Surcharge | \$ |
| State CASp Fee | \$ 4.00 |
| Grease Trap Fee | \$ |
| Application Fee | \$ |

TOTAL AMOUNT DUE \$

Thank you for doing business in the City of Hermosa Beach

PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH

PLEASE READ AND SIGN THE APPLICABLE AREAS LISTED BELOW

I UNDERSTAND THAT THE ISSUANCE OF THIS BUSINESS LICENSE IS SOLELY FOR REVENUE PURPOSES AND IS NOT INTENDED FOR REGULATION. THE INFORMATION CONTAINED IN THE APPLICATION, OTHER THAN GROSS RECEIPT INFORMATION, IS NOT CONSIDERED CONFIDENTIAL. THE APPLICANT UNDERSTANDS AND ACKNOWLEDGES THAT THE REQUIREMENTS OF THE CALIFORNIA PUBLIC RECORDS ACT (GOVERNMENT CODE SEC. 6250 ET SEQ.) MAY REQUIRE DISCLOSURE UPON RECEIPT OF A PROPER REQUEST.

Signature _____ Date _____

ANY BUSINESS CLASSIFIED AS A HOME OCCUPATION SHALL BE ISSUED AN EXCERPT FROM ORDINANCE #86-865, WHICH SETS FORTH THE RULES AND REGULATIONS THAT GOVERN HOME OCCUPATION

I HAVE READ SAID RULES AND REGULATIONS AND AGREE TO ABIDE BY SAME:

Signature _____ Date _____

Fire Department Use Only

Approved Denied Date _____ Inspector _____

Reinspection:

Approved Denied Date _____ Inspector _____

FINANCE USE ONLY

| EFFECTIVE FROM | EFFECTIVE TO | AMOUNT PAID | REGISTER DATE |
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Name _____

License No. _____

