

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 Subsection 17.08.020 (D) and acknowledge that my business shall be in full conformance.

Applicant's Signature: _____ **Date:** _____

| | |
|----------------------------------------------------------------------------------|-------------------------------|
| For Office Use: | |
| <u>COMMUNITY DEVELOPMENT DEPARTMENT</u> | |
| <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Special Condition(s) if applicable: _____ | |
| _____ | |
| Staff Signature: _____ | Date: _____ |
| <u>REVENUE SERVICES DIVISION</u> | |
| Business License Number: _____ | Issued Date: _____ |
| Notes: _____ | |
| _____ | |
| Fire Inspection Date: _____ | Fire Inspector Initial: _____ |
| Fire Inspection: <input type="checkbox"/> Passed <input type="checkbox"/> Failed | |
| Staff Signature: _____ | Date: _____ |



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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Business Name _____ Corporate Name _____ <small>(If Different)</small> Business Location _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ Bus. Phone () _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Ltd Liability Corp. | • OFFICIAL USE ONLY • LICENSE NO. _____ EXPIRATION DATE _____ SIC CODE _____ RATE TYPE _____ REGISTERDATE _____ CHECK# _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD |
| Tax I. D. No. or Social Security No. _____ | |

| 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 <input type="text"/> Part Time <input type="text"/> Number of Vehicles <input type="text"/> Total Number of Units <input type="text"/> Owner Exempt Unit <input type="checkbox"/> Yes <input type="checkbox"/> No Number of Days Open after 12 AM <input type="text"/> Circle the Days Open after 12 AM Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Number of Vending Machines <input type="text"/> | 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 . | <table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: right;">Base Tax</td><td style="border: 1px solid black; width: 50px;">\$</td></tr> <tr><td style="text-align: right;">Gross Receipt Tax</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">(Credit)</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Vehicle/Unit Tax</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Vending Machine Tax</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Employee Tax</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Surcharge</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">State CASp Fee</td><td style="border: 1px solid black;">\$ 4.00</td></tr> <tr><td style="text-align: right;">Grease Trap Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">Application Fee</td><td style="border: 1px solid black;">\$</td></tr> <tr><td style="text-align: right;">TOTAL AMOUNT DUE</td><td style="border: 2px solid black; text-align: center;">\$</td></tr> </table> | 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 | \$ |
| 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

