



City of Burlingame Home Occupation Application

Applicant Name: _____

Business Name: _____

1. Describe the "home occupation" in which you wish to engage:

2. Street Address: _____

Phone: _____ Email: _____

Check one: this is a single-unit dwelling, which I own () rent ()
 this is a two-unit dwelling which I own () rent ()
 this is an apartment/condominium which I own () rent ()
 other, describe _____

Mailing address (if different): _____

3. Name of property owner (if different): _____

Address: _____ Phone: _____

As property owner I know about the proposed business, and hereby authorize the above applicant to submit this application.

Signature: _____ **Date:** _____

4. Opening date for the business: _____

5. What materials, stock or equipment will be kept on site and used for this business?

6. What special mechanical equipment will be used on site as part of this business?

7. What type of solvents, paints, corrosives or other hazardous chemicals will be used in conjunction with this business?

8. Will any outdoor areas or covered parking areas be used for this business? YES () NO ()
If yes, describe the outdoor areas or covered parking areas to be used:
9. How many members of your family or household will assist you in this business? _____
Describe their services or responsibilities:
10. Will a non-family member participate in this business? YES () NO ()
If yes, describe his/her services, responsibilities and hours:
11. How many people will visit this site each week to deliver/collect items associated with this business? _____
12. Will the sale of goods or services occur at this address? YES () NO ()
If yes, please describe:
13. How many vehicles will be used by this business? _____
How many of these vehicles will be kept at this address? _____
What types of vehicles will be used? _____
of cars _____ # of pickup trucks _____ anything larger, please describe:
14. Where will each of these vehicles be parked during the day? _____
15. Where will each of these vehicles be parked during the night? _____
16. Where on-site will your employee's vehicle be parked? _____
17. Will any signs be displayed to identify the location of this business? YES () NO ()
18. Do you understand the requirements of Municipal Code Chapter 25.72 and do you undertake to abide by them? YES () NO ()

I hereby certify under penalty of perjury that the information given herein is true and correct to the best of my knowledge.

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

Evaluation to be completed by Planning Division staff only:

Approved for "home occupation" business license: YES () NO ()

Staff Signature: _____ **Date:** _____