



CITY OF ESCONDIDO

201 North Broadway • Escondido, CA 92025
Attn: Business Licensing • 760-839-4659

For Official Use Only

Business License No.: _____
Date Paid: _____
Employee: _____

BUSINESS LICENSE APPLICATION

Business Name _____

Business Location (not P.O. Box or PMB) _____

Mailing Address (if different, P.O. Box or PMB acceptable) _____

Bus. Phone (_____) _____ Bus. Fax (_____) _____

Description of Business (be specific, attach additional sheets if necessary) _____

My Business involves property leasing or rental. ☐ Yes ☐ No

If yes, leases and rentals are for a duration of thirty days or more. ☐ Yes ☐ No

State Contractor License No. _____

Sellers Permit No. _____ FEIN. or SSN. _____

NAICS Code: _____

SIC Code: _____

***MUST enter SIC Code**

Ownership: ☐ Corporation ☐ LLC
☐ Partnership ☐ Sole Proprietor
☐ Trust ☐ S Corp

Business Type: ☐ Retail ☐ Wholesale
☐ Service ☐ Contractor
☐ Mobile ☐ Manufacturing

Honorably Discharged Veteran: ☐ Yes ☐ No

501c3 Non-profit Organization: ☐ Yes ☐ No

My Business is a small or large family daycare at a personal residence, per the definition of California health & Safety Code Section 1597.45. ☐ Yes ☐ No

Enter below names of Owners, Partners, Corporate Officers or Managers- use additional sheets as necessary

Owner Name _____ Title _____ Phone (_____) _____

Address _____

Address of Service _____ Cell Phone (_____) _____

Driver's License No. _____ FEIN. or SSN. _____ E-Mail _____

Owner Name _____ Title _____ Phone (_____) _____

Address _____

Address of Service _____ Cell Phone (_____) _____

Driver's License No. _____ FEIN. or SSN. _____ E-Mail _____

Business Representative/Point of Contact (if different than above)

Name _____ Title _____ Phone (_____) _____

**PLEASE VISIT OLS.ESCONDIDO.ORG WITH ESTIMATE OF ANNUAL GROSS RECEIPTS
FOR BUSINESS LICENSE FEES DUE. FEES ARE SUBJECT TO REVIEW AND ADDITIONAL FEES MAY APPLY.**

One Year Estimated Gross Receipts

\$

Business License Fee

\$

**MANDATORY State Disability
Access and Education Fee**

\$

4.00

TOTAL AMOUNT DUE

\$

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.coda.ca.gov

Thank you for doing business in the City of Escondido!

The business named above is being considered for a business license pursuant to the provisions of the Escondido Municipal Code to engage in, carry on, or conduct the business, trade, calling, or occupation described. Approval of this application is not an assurance the proposed use conforms to City zoning or other regulations and shall not relieve the applicant of compliance with building, zoning, fire, or other ordinances of the City or the State of California, nor shall approval be deemed a waiver of past or future violations of such laws, nor constitute a barrier to pursuit of appropriate legal action against the applicant for such violations. Applicant shall, once issued, renew the license before the expiration date.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.

Date _____

Signature of Owner or Representative _____

Print Name of Owner or Representative _____

RETURN ENTIRE APPLICATION FORM TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO THE CITY OF ESCONDIDO



CITY OF ESCONDIDO
201 North Broadway
Escondido, CA 92025
(760) 839-4659

FOR OFFICE USE ONLY

BL # _____
Zoning: _____
Overlay: _____
Approved by: _____
Date: _____

HOME OCCUPATION PERMIT SUPPLEMENTAL FORM

APPLICANT:

Name: _____
Business Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____

RESIDENCE:

Applicant is: ☐ Property Owner/Family Member ☐ Renter
Property Type:
☐ Single Family ☐ Apartment/Condo ☐ Mobile Home
Size of Home: _____ Square Feet
Covered Parking: ☐ Garage ☐ Carport ☐ None
Size of Garage/Carport: _____ Square Feet
Number of Covered Parking Spaces: _____

TYPE OF BUSINESS:

☐ Administrative/Business Office ☐ Licensed Contractor ☐ Home Crafts ☐ Handyman/Landscaping Services
☐ Mobile Service/Repair ☐ Assembly ☐ Manufacturing ☐ Online Retail/Wholesale ☐ Office Use Only ☐ Cottage Food
☐ Off-site Retail/Wholesale (specify location): _____ ☐ Other: _____

Detailed **description of your business**, including the **operational characteristics** of the business (*be specific, attach sheet if additional space to write is needed*): _____

Specify the **type and number of all equipment/materials** to be used with your business: _____

Is this business a Micro Economic Home Kitchen Operation ☐ Yes ☐ No

Will you be receiving **business related deliveries** at your home? ☐ Yes ☐ No

If yes, frequency of deliveries: Number of deliveries per ☐ Day _____ ☐ Week _____ ☐ Month _____

WORK AREA:

The home occupation shall be conducted wholly within the structures on the premises and shall not exceed twenty-five (25) percent of the total floor area of said structures. Required residential parking shall be maintained and available for residential parking.

Size of **Work Area:** _____ SF ☐ In Residence ☐ In Garage ☐ In *Enclosed* Accessory Structure (i.e. shed)
☐ Off-Site Work Area (specify location): _____

Size of **Storage Area:** _____ SF ☐ In Residence ☐ In Garage ☐ In *Enclosed* Accessory Structure (i.e. shed)
☐ Off-Site Storage (specify name and address): _____

BUSINESS VEHICLE(S):

Specify number of vehicles (including trailers) to be used with the business:

____ Personal Car/Van/Pick-Up Truck
____ Trailer(s)* _____ Length of Trailer(s)
____ Commercial Vehicle(s)*

*Where will the trailer(s) and/or commercial vehicle(s) be stored (specify name and address; *copy of lease agreement may be requested*): _____

HOME OCCUPATION PERMIT
(Article 44 of the Escondido Zoning Code)

Please initial each line and sign and date below to indicate you understand and will comply with the following regulations.

CONDITIONS: Each and every one of the following conditions must be observed at all times
by the holder of a home occupation permit:

- _____ a. Employees or assistants who are not occupants of the dwelling shall not be employed on the premises, except where specifically permitted by law.
- _____ b. The home occupation shall be conducted wholly within the structures on the premises and shall not exceed twenty-five (25) percent of the total floor area of said structures. Required residential parking shall be maintained and available for residential parking.
- _____ c. Inventory and supplies for the home occupation shall not occupy more than fifty (50) percent of the permitted area.
- _____ d. No customer services or sales of goods, wares or merchandise shall be made on the premises, except where specifically permitted by law.
- _____ e. No sign or advertising shall be displayed on the premises except where specifically permitted by law.
- _____ f. No display of any kind shall be visible from the exterior of the premises.
- _____ g. No mechanical or electrical apparatus, equipment or tools shall be permitted except those items which are commonly associated with residential use or use customary to home crafts.
- _____ h. All maintenance, service, or commercial vehicles, trailers and equipment, or any vehicle bearing any advertisement related to the home occupation or any other similar vehicle shall be parked or stored entirely within a building or structure. Required residential parking shall be maintained and available for parking related to the residential use.
- _____ i. The home occupation shall not generate pedestrian or vehicular traffic in excess of that customarily associated with the zone in which the use is located.
- _____ j. There shall be complete conformity with fire, building, plumbing, electrical and health codes and to all state and city laws and ordinances.
- _____ k. The home occupation shall not cause a demand for municipal or utility services or community facilities in excess of those usually and customarily provided for residential uses.
- _____ l. The home occupation shall not create impacts on municipal or utility services or community facilities from hazardous materials and other materials introduced into the wastewater system in excess of levels usually and customarily related to residential uses.
- _____ m. The home occupation shall not alter the residential character of the premises or unreasonably disturb the peace and quiet, including radio and television reception of the neighborhood by reason of color, design, materials, construction, lighting, odors, sounds, noises or vibrations.
- _____ n. Any special condition established by the director and made of record in the home occupation permit, as he or she may deem necessary to carry out the intent of this section, shall be met.
 - 1. Residential addresses shall not be used in any advertising (i.e. telephone directory, business cards, newspaper advertisements, bulletin boards, signs on vehicles, etc.) unless otherwise required by law.
- _____ o. No more than one (1) home occupation permit for cottage food operations is permissible per legally established dwelling unit.
- _____ p. No more than one (1) part-time non-resident cottage food operation employee is allowed on the premises at a time.
- _____ q. On-premises customers and non-resident employee(s) of a CFO are limited to 8:00 a.m. to 5:00 p.m., forty (40) hours per week maximum. The required residential parking for the dwelling unit shall not be used by the CFO customers and employee(s).
- _____ r. All home occupation permits are subject to immediate cancellation in the event that the zoning regulations applicable to the premises are amended to prohibit such use.

I have read and understood the conditions and limitations regarding Home Occupations (per Article 44 of the Escondido Zoning Code), and hereby certify compliance. Failure to comply is grounds for denial or revocation of my Home Occupation Permit. False or misleading information shall be grounds for denial of the Home Occupation Permit.

Date

Print Name

Signature