



# CITY OF LOS ALAMITOS

## Business Support Center

8839 N Cedar Ave #212, Fresno, CA 93720

Phone: (562) 222-8742 Fax: (909) 348-0465

Email: Support@HdLGov.com

To Apply Online Please Visit:

[www.LosAlamitosBusinessTax.com](http://www.LosAlamitosBusinessTax.com)

### BUSINESS LICENSE TAX APPLICATION - HOME BASED BUSINESS

Notice: All applicants should check with the Planning Dept. to ensure correct zoning for their use prior to commencing any business. This application has been filled out by the applicant without verification that the licensee is subject to or exempt from licensing by the State of California.

Reason for Application:  New Business  Change of Ownership  Change of Location

Business Name \_\_\_\_\_

Business Location \_\_\_\_\_

*(Cannot be P.O. Box for non-exempt businesses per State of California, Business and Professions Code-Section 17538.5)*

Mailing Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Business Fax ( ) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Ownership:  Corporation  Corp-Ltd Liability  Sole Proprietor  Partnership  Trust  Non-Profit

Owner's Name \_\_\_\_\_ Title \_\_\_\_\_

Resident Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

List of Principle Officers' or Partners' Names and Addresses:

\_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_ Title \_\_\_\_\_

Description of Business (be specific) \_\_\_\_\_

Home Occupation Business Start Date in Los Alamitos \_\_\_\_\_

State License No. \_\_\_\_\_ License Type \_\_\_\_\_ Exp. Date \_\_\_\_\_

#### AB-1379 Information

On October 11, 2017, Governor Brown signed into law AB-1379 which adds a state fee of \$4 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facilitate compliance with federal and state disability laws, as specified.

- The Division of the State and Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx)
- The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)

#### Professional / Employee Counts

Please complete information requested below:

No. Of Full Time: Professional \_\_\_\_\_ Non-Professional \_\_\_\_\_

No. Of Part Time: Professional \_\_\_\_\_ Non-Professional \_\_\_\_\_

*(Part Time is for those employees that work 20 hours or less per week)*

This license period applies to Fiscal Tax Period: From \_\_\_\_\_ To \_\_\_\_\_

**I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL REQUIRED LICENSES ARE FULL FORCE AND EFFECT.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Owner or Representative



# CITY OF LOS ALAMITOS HOME OCCUPATION APPLICATION

Development Services Department  
3191 Katella Ave., Los Alamitos, CA 90720-5600  
Phone: (562) 431-3538 Fax: (562) 493-0678

<b>FOR OFFICE USE ONLY</b>	
Application #:	_____
Received:	_____
Filing Fee:	\$111.00
DATE:	_____
<input type="checkbox"/>	APPROVED
<input type="checkbox"/>	DENIED

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_  
Home Occupation Address: \_\_\_\_\_  
Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## PROPERTY OWNER INFORMATION

Name of Property Owner: \_\_\_\_\_  
Property Owner Address: \_\_\_\_\_  
Property Owner Phone: \_\_\_\_\_

## HOME OCCUPATION BUSINESS INFORMATION

Provide a detailed description of the proposed Home Occupation relative to (a) activities involved, (b) materials and equipment used, and (c) methods of operation. (Attach a separate sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many persons will be involved or employed in the conduct of the proposed Home Occupation?

Total number: \_\_\_\_\_ Members of immediate family: \_\_\_\_\_ Others: \_\_\_\_\_

Describe any alterations to the home or premises that might be required to facilitate your Home Occupation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what rooms will be used in the conduct of the Home Occupation and how these rooms will be used. (For example; "The den will contain a desk and file cabinets", etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe mechanical and/or electrical equipment that will be necessary to the conduct of the activity.

---

---

---

---

---

Describe what small amount of material, supplies and/or equipment related to your proposed Home Occupation will be used.

---

---

---

---

---

**CERTIFICATION OF APPLICANT:** I have read and understood Chapter 17.46 of the Los Alamitos Municipal Code regarding criteria for issuance of a Home Occupation Permit and believe to the best of my knowledge that my proposed Home Occupation would not violate any portion of said Chapter.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Reviewed: \_\_\_\_\_

Remarks: \_\_\_\_\_

---

---

---

---

---

---

---

---