



SARATOGA

California

City of Saratoga
13777 Fruitvale Avenue
Saratoga, CA 95070
www.saratoga.ca.us/buslicense
408.868.1260

Business License Application

Business Information

Business Name	_____	Assessor's Parcel #	_____
Business Address	_____	Mailing Address	_____
Corporate Name	_____		
Phone	_____	Cell Phone	_____
Email	_____	SIC Code	_____
Federal Tax ID/SSN	_____	Seller's Permit #	_____
Type of Ownership	Sole Proprietorship	Partnership	Corporation
Type of Business	_____		Bus Start Date _____ # of Employees _____

Business Owner Information (Please Attach an Additional Sheet, If Necessary)

Owner 1 Name/Title	_____	Owner 2 Name/Title	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
Email	_____	Email	_____

Building Contractors Operating in Saratoga (If Applicable)

Contractor's Lic. #	_____	Expiration Date	_____	Contractor's Lic. Class	_____
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Home Occupation Businesses Located in Saratoga (If Applicable)

Yes/No

Business Description	_____
Will your business be an accessory use of the residence?	_____
Will you be selling anything out of the residence?	_____
If yes, will these items be manufactured in and shipped from the residence?	_____
Will others, aside from those living in the residence, be involved in the operation of the business?	_____
If yes, what work will these people do?	_____
Will the business be operated out of an accessory structure?	_____
Will equipment/supplies be stored in an accessory structure or outside the residence?	_____
Do you plan to alter the exterior of the residence to conduct the business?	_____
Does your business require signage to be installed on or outside of the residence?	_____
Will the existence of the business be apparent beyond the boundaries of the property?	_____
Will the business be medical in nature (doctor, dentist, osteopath, chiropractor, etc.)?	_____
Will the business create odor, dust, fumes, vibration, smoke, radio or television interference, or noise audible beyond the boundaries of the property?	_____
Do you plan to park a half ton or larger truck and/or a semi-trailer at the site?	_____
Will customers or clients regularly visit the property as part of your business?	_____
Will merchandise, products, or other materials be displayed for advertising purposes?	_____



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General Regulations

According to City of Saratoga Code Section 15-40.010, all home occupations shall comply with the following regulations:

- a) There shall be no stock-in-trade other than products manufactured on the premises.
- b) A home occupation shall be conducted within a dwelling by an occupant thereof, and shall be clearly incidental to the use of the structure as a dwelling.
- c) A home occupation shall not be conducted in an accessory structure and there shall be no storage of equipment or supplies in an accessory structure or outside the dwelling.
- d) There shall be no external alteration of the dwelling in which a home occupation is conducted.
- e) The existence of a home occupation shall not be apparent beyond the boundaries of the site.
- f) Medical offices for doctors, dentists, osteopaths, chiropractors and other practitioners of the healing arts are not permitted as home occupations in any A, R-1, HR, R-OS or R-M district.
- g) No person other than a resident of the dwelling shall be employed in the conduct of a home occupation.
- h) A home occupation shall not create any noise, odor, dust, fumes, vibration, smoke or radio or television interference beyond the boundaries of the site.
- i) Not more than one truck, of not more than one-half ton capacity, and no semi-trailers, incidental to a home occupation shall be kept on a site.
- j) A home occupation shall not create pedestrian, automobile or truck traffic significantly in excess of the normal amount in the district.
- k) There shall be no display of merchandise, products or other material or equipment for advertising purposes.
- l) Professional or administrative offices wherein clients or prospective clients are regularly met upon the premises shall not be permitted as home occupations in any A, R-1, HR, R-OS or R-M district. This prohibition shall not apply to the sale of dwelling units out of a temporary office established in a model home when properly authorized by a use permit.

I have reviewed the above excerpt of Saratoga City Code Section 15-40.010 and agree to abide by City regulations of home occupation businesses as a condition of my business license.

Initials _____



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Workers' Compensation Declaration

I hereby affirm, under penalty of perjury, **one** of the following:

____ **Self-Insurance:** I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by California Labor Code Section 3700, for the duration of any business activities conducted for which this license is to be issued (for businesses with employees).

____ **Insurance through Carrier:** I have and will maintain workers' compensation insurance, as required by California Labor Code Section 3700, for the duration of any business activities conducted for which this license is issued (for businesses with employees).

Carrier _____ Policy Number _____ Expiration Date _____

____ **No Employees:** I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of California Labor Code Section 3700, I shall comply with the provisions of California Labor Code Section 3700.

Warning: Failure to secure workers' compensation coverage is unlawful and shall subject an employer to criminal penalties and civil fines up to \$100,000 in addition to the cost of compensation, damages as provided in California Labor Code Section 3706, interest, and attorney's fees.

Affidavit

I declare under penalty of perjury that the foregoing information in this business license application is true and correct.

Print Name

Signature

Date

Business License Tax and Fees (See Business License Tax and Fee Worksheet)

Processing Fees _____

Penalties _____

Business License Tax (add \$4 State Fee) _____

Total Due _____

Internal Use Only

License Fee

Amount _____

Date _____

Payment

Reference # _____

Rec'd

By _____

Planning Approval _____

Building Approval _____



SB 205 Compliance Form

1	List the physical address of this business.	_____ _____
2	List all applicable Standard Industrial Classification (SIC) code(s) for this business.	Primary SIC: _____ Additional SIC: _____ Additional SIC: _____
3	Do any of the SIC Codes from Question #2 match any of these regulated codes: www.saratoga.ca.us/WaterBoard	Check One: Yes ____ No ____
4	If you checked <u>NO</u> to Question #3: Sign at the bottom of the page and return this form with your business license renewal. Nothing more is required of the business for SB 205 compliance at this time. If you checked <u>YES</u> to Question #3: Go to Question #5.	
5	Has your business obtained an Industrial NPDES Permit?	Check One: Yes ____ No ____
6	If you checked <u>YES</u> in Question #5: Provide information about the existing Industrial NPDES Permit. Sign this form and return it with your business license renewal. Thank you. You are in compliance with SB 205.	WDID# _____ WDID Application # _____ NONA ID# _____ NEC ID# _____
7	If you checked <u>NO</u> in Question #5: You will need to enroll under the Stormwater Industrial General Permit (IGP) and provide the City with your permit numbers as described in Question #6. Sign and return this SB 205 Compliance Form with your new/renewal business license application now. Start the process of obtaining the IGP by contacting the State or Regional Water Board. The City will issue you a 3-month provisional business license while you obtain the IGP and report the permit numbers. Failure to demonstrate required enrollment within 90 days of applying can result in the denial of such business license application or renewal for insufficient information as required per State Law.	

I declare under penalty of perjury under the laws of California that the above information is true and correct to the best of my knowledge.

Print Name: _____ Title: _____
Signature: _____ Date: _____
Business Name: _____ License No.: _____