CITY OF RIALTO PLANNING DIVISION

HOME OCCUPATION PERMIT APPLICATION
SUPPLEMENTAL INFORMATION FORM

NAME OF APPLICANT: _____

ADDRESS:_____

NAME OF BUSINESS: _____

BUSINESS DESCRIPTION (Including anticipated services, equipment, materials):

(Example: Home office for a mobile mechanic. No customer visits to the home. All work conducted at the customer location. Equipment limited to tools and a work truck.)

WILL THE BUSINESS:

- **Generate Customer Visits? No ☐ Yes ☐ Number Daily:** _____
- **Include a Commercial Vehicle? No ☐ Yes ☐ Vehicle Model:** _____
- **Have Employees? No ☐ Yes ☐ Number of Employees:** _____
- **Use More than One (1) Room in the House? No ☐ Yes ☐**