



CITY OF CARMEL-BY-THE-SEA
DEPARTMENT OF COMMUNITY PLANNING AND BUILDING
PO Box CC, Carmel-by-the-Sea, California 93921
Phone: (831) 620-2010
APPLICATION FOR HOME OCCUPATION BUSINESS LICENSE
(TYPE OR PRINT CLEARLY)

BUSINESS LOCATION AND OWNER(S) INFORMATION

BUSINESS NAME (DBA)					(AREA CODE) PHONE	
BUSINESS LOCATION (NO P.O. BOX)		STREET & ADDRESS	STE/APT #	BLOCK	LOT(S)	APN#
MAILING ADDRESS						
APPLICATION IS FOR A		☐ SOLE PROPRIETORSHIP		☐ PARTNERSHIP		☐ LLC/CORPORATION
GIVE LEGAL NAME OF LLC OR CORPORATION BELOW						
NAME (Sole proprietor, Partner 1, or LLC/Corporation)			TITLE		SOCIAL SECURITY OR FEDERAL ID #	
(AREA CODE) PHONE						
# OF PARKING SPACES AVAILABLE		FREQUENCY OF DELIVERIES		HOW WILL DELIVERIES BE MADE		
EMAIL ADDRESS				REQUIRED: FEDERAL ID#		

BUSINESS INFORMATION (*START DATE is the date you plan to open your business in Carmel-by-the-Sea)

FULL DESCRIPTION OF BUSINESS ACTIVITY					
APPLICATION DATE		BUSINESS START DATE*		CA STATE RESALE LICE#	
LIC# (CONTRACTORS)		TYPE OF STATE LICENSE			
TYPE OF BUSINESS					
☐ RETAIL ☐ RESTAURANT ☐ PROFESSIONAL SERVICES ☐ CONTRACTOR ☐ BUILDING/YARD MAINTENANCE ☐ MANUFACTURING ☐ FESTIVAL/OTHER DESCRIBE: _____					

HOME OCCUPATION INFORMATION (Will your home occupation:)

☐ YES	☐ NO	Involve art instruction? *
☐ YES	☐ NO	Be fully contained within one or two rooms in a single-family dwelling?
☐ YES	☐ NO	Be located in a garage?
☐ YES	☐ NO	Involve any equipment, tools, or machinery other than office machines such as telephone answering and/or computer use?
☐ YES	☐ NO	Involve visits by customers, vendors, attendees, salespeople or employees of the business?
☐ YES	☐ NO	Involve parking, use or storage of any commercial vehicle?
☐ YES	☐ NO	Involve deliveries more frequently than once per week?

* The CMC defines arts as painting, graphics, computer graphics, music, dance, drama, sculpture, writing, photography, weaving, ceramics, needlecraft, jewelry, glass, and metal crafts. If your home occupation involves arts instruction, classes are limited to no more than two pupils.

PROOF OF EMPLOYERS' WORKERS' COMPENSATION INSURANCE

☐	I have and will provide a Certificate of Self-Insurance issued by the State Director of Industrial Relations.
☐	I have and will provide a Certificate of Workers' Compensation Insurance.
☐	I certify that, in the performance of work for which this license is issued, I shall not employ any person in any manner that is or will become subject to the Workers' Compensation laws of the State of California.

SIGNATURE OF APPLICANT

PRINT FULL NAME BELOW		
PRINT NAME HERE		
Signature	Title	Date
I, THE UNDERSIGNED, UNDER PENALTY OF PERJURY, STATE THAT I AM THE APPLICANT FOR THIS BUSINESS LICENSE. THAT THE INFORMATION FURNISHED BY ME ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT THE ADMINISTRATIVE FEE IS NON-REFUNDABLE AND THAT I AM RESPONSIBLE TO PAY ANY BUSINESS LICENSE TAXES ON ALL REVENUES COLLECTED WITHIN THE CITY LIMITS. I WILL ALSO NOTIFY THE CITY OF ANY CHANGES IN OWNERSHIP OR ADDRESS.		

FOR OFFICE USE ONLY				
BUSINESS LICENSE NUMBER	ID	NAICS	SIC	MUNICIPAL CODE SECTION 05.04.140
PAID BY		RECEIPT #	RECEIVED BY	AMOUNT RECEIVED \$
NOTES:				
APPROVED BY	PLANNING DEPT		SIGNATURE	
DATE	NOTES:			

THIS DOCUMENT CONTAINS INFORMATION EXEMPT FROM MANDATORY DISCLOSURE UNDER THE CALIFORNIA PUBLIC RECORDS ACT

FOR OFFICE USE ONLY		
ZONING DISTRICT	USE CLASSIFICATION (PRIMARY)	USE CLASSIFICATION (SECONDARY)
USE PERMIT NOT REQUIRED	USE PERMIT (PERMITTED)	USE PERMIT (NONCONFORMING)
USE PERMIT REQUIRED	USE PERMIT #	USE PERMIT DATE
REVIEWED BY/DATE	NOTES	

NOTICE AND AFFIDAVIT	☐ RECEIVED	DATE	NOTES
SIGNED CONDITIONS OF APPROVAL	☐ RECEIVED	DATE	NOTES

IT IS YOUR RESPONSIBILITY TO NOTIFY THIS OFFICE IF YOU MOVE, SELL, OR MAKE ANY
SUBSTANTIAL CHANGE TO YOUR BUSINESS.

THERE ARE NO REFUNDS ON BUSINESS LICENSE APPLICATIONS

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New License Fees:

Application Fee:	\$219.00
Disability & Access Education Funding Fee	\$4.00
TOTAL:	\$223.00

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