BEAUMONT PLANNING DEPT.
550 E. 6th Street
Phone (951) 769-8518
BeaumontCa.gov/Planning

HOME OCCUPATION APPLICATION

(PLEASE READ ALL INFORMATION CAREFULLY BEFORE FILLING OUT THE APPLICATION)

Home occupations are permitted in the City of Beaumont on a limited basis as described in detail in the Municipal Code. Home-based businesses cannot have employees not residing in the residence, or involve customer traffic, or in any significant way alter the residential character of the neighborhood.

Please **completely** fill out the attached Home Occupation Permit (HOP) and return it to the City of Beaumont in person or by email at info@beaumontca.gov along with the following items:

- ☐ Site plan on 8 ½ X 11 sheet of paper showing how your business will be set up. Please include dimensions, storage, locations for materials and vehicles, office, etc. in your home;
- ☐ Application Fee the amount of $225.
- ☐ Completed Business License Application and Fee $159 for the business license - Fee may be prorated based on time of application.
- ☐ Alarm Permit Application available online at BeaumontCA.Gov/1275/Alarm- Permits with $21 application fee paid online (If Applicable)
- ☐ Proof of property ownership or landlord authorization
- ☐ Other operational requirements (County Health Dept., State of CA)

Once your completed application has been submitted and the necessary fees have been paid, the Planning Department will review the application. Upon completion of review, the Planning Department will issue a letter to the applicant approving the project with certain conditions or denying the project with or without additional information requested. Once the Planning Department approval and Business License are issued, the business can begin operation.

After 6 months without activity or written communication, the City of Beaumont shall deem the application abandoned, in which case a new application and fees will be required.

RENEWALS: ***Your business license will expire on June 30 of the following year and must be renewed. You will receive a renewal in June. Please follow the instructions sent with the renewal. If you do not receive a renewal, it is your responsibility to contact us to renew.***

If you have any questions, please contact us. We will walk you through the process step by step. Good luck with your business venture.

BEAUMONT PLANNING DEPT.
550 E. 6th Street
Phone (951) 769-8518
BeaumontCa.gov/Planning

HOME OCCUPATION APPLICATION

Business Name _____

Business Phone_____

Business Address including suite_____

Assessor's Parcel Number _____

Applicant's Name _____ Phone_____

Applicant's Address _____
City/State/Zip

Applicant's Email Address _____

Landowner's Name _____ Phone_____

Landowner's Address _____
City/State/Zip

Describe your business activities (i.e. what you will be selling, services you will be performing, etc.):
_____
_____
_____

Will you dispense any goods or products on the premises? Yes ☐ No ☐
If yes, please explain. _____

Will you have any one else working with you on the premises? Yes ☐ No ☐
If yes, please explain and give family relationship: _____

Will you have displays in the home of goods and products available? Yes ☐ No ☐
If yes, please explain. _____

What part of this proposed activity will be conducted outside or in a second structure?
_____
_____

What will be the size(s) of the vehicle(s) used for the business at the site?
_____

List all materials and products stored, used or otherwise found at the site that are used as a part of the occupation:_____
_____
_____

List those materials and products below that are listed in question #13 that are produced on site:
_____
_____

How much pedestrian and vehicular traffic will be generated by the proposed occupational use?
_____

BEAUMONT PLANNING DEPT.
550 E. 6th Street
Phone (951) 769-8518
BeaumontCa.gov/Planning

HOME OCCUPATION APPLICATION

Will any of the vehicles used by the occupational activity be delivery trucks? Yes ☐ No ☐
If yes, please explain. _____

Where do you plan to store materials? Show this on your interior plan. *Also show room(s) where activities are planned on your interior plan.* _____
_____

What exterior alterations will be made? _____
_____

What odors, dust, noise, smoke, fumes, toxic materials, vibrations, electrical disturbances, communication disturbances or other disruptive activities will result from your proposed occupational use? _____
_____

Area for additional comments, clarifications, etc.: _____
_____
_____

CERTIFICATION OF ACCURACY AND COMPLETENESS: *I hereby certify that to the best of my knowledge the information in this application and all attached answers and exhibits is true, complete, and correct. All signatures must be completed. If one or more of these signatures are the same simply re-sign.*

CERTIFICATION OF UNDERSTANDING: I hereby certify that I have read and understand the attached conditions as stated in Section 17.11.110 of the Municipal Code and agree to abide by these conditions and others given at time of approval. Failure to meet all conditions of approval may result in revocation of business license.

_____
Print Name – Applicant

_____ _____
Signature – Applicant Date

_____
Print Name – Landowner/Agent

_____ _____
Signature – Landowner/Agent Date

Case No.: _____
Fees: _____ Receipt No.: _____
Date: _____ Initials: _____