



City of Burbank  
**COMMUNITY DEVELOPMENT DEPARTMENT / BUILDING & SAFETY DIVISION**  
 150 North Third Street • (818) 238-5280 • www.burbankca.gov

**Mail & Make Checks Payable to:**  
 City of Burbank  
 P.O. Box 6459  
 Burbank, CA 91510-6459  
 Email: cdd-license@burbankca.gov

**BUSINESS APPLICATION – HOME OCCUPATION**

**IMPORTANT TO NOTE:** This is only an application and is not proof of final approval of a permit.

PLEASE PRINT CLEARLY

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Reason for Application<br><input type="checkbox"/> New business<br><input type="checkbox"/> Existing Burbank moving to new location<br><input type="checkbox"/> Change of owners or officers  |  | <input type="checkbox"/> Business name change<br><input type="checkbox"/> Add or drop business partners<br><input type="checkbox"/> Change of type of business |  | <b>OFFICE USE ONLY:</b><br>Bill Number: BT _____<br>Inspection Time/Date: _____<br>Inspector: _____ |  |
| Date of Application: _____  |  |  |  |   |  |
| Business Name: _____  |  |  |  |   |  |
| Business Address: _____   |  |  |  |   |  |
| Mailing Address (if different): _____   |  |  |  |   |  |
| Business Phone: ( ) _____   |  | Business Fax: ( ) _____  |  | Business Website/Email ( ) _____  |  |
| Contact Person Name: _____  |  |  | Contact Person Phone: _____  |   |  |
| Contact Person Mailing Address: _____   |  |  | Contact Person Email: _____  |   |  |
| Detailed Description of Business (attach additional sheets if needed):<br>_____<br>_____<br>_____   |  |  |  |   |  |
| Starting Date of Business in Burbank: _____   |  |  | Number of Employees: _____ (Employment for actual work done on the premises is limited to residents of the dwelling unit.) |   |  |
| Home Occupation Conducted in <input type="checkbox"/> Dwelling <input type="checkbox"/> Accessory Structure<br>The Home Occupation is only permitted inside the dwelling unit or an entirely enclosed roofed accessory structure that is <b>not a garage</b> .  |  |  |  |   |  |
| Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Trust <input type="checkbox"/> Other _____  |  |  |  |   |  |
| Social Security No. or Federal Employer ID No. _____  |  |  | Corporate Name (if different) _____  |   |  |
| Owners, Partners, or Corporate Officers (attach additional sheets if needed)  |  |  |  |   |  |
| Name  |  | Title  |  | Driver License No.  |  |
| Home Address  |  | Phone  |  | Email   |  |
| Name  |  | Title  |  | Driver License No.  |  |
| Home Address  |  | Phone  |  | Email   |  |
| Name  |  | Title  |  | Driver License No.  |  |
| Home Address  |  | Phone  |  | Email   |  |
| I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. I understand that I may be required to submit additional information related to the proposed business before a decision can be made. I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an application. |  |  |  |   |  |
| Applicant Printed Name _____  |  |  | Title _____  |   |  |
| Applicant Signature _____   |  |  | Date _____   |   |  |

**OFFICE USE – Fees subject to annual increase**

**BUSINESS LICENSE**

**BUSINESS TAX**

APPLICATION FEE \$ \_\_\_\_\_

REGIS/TRANSFER FEE \$ \_\_\_\_\_

DATE PAID: \_\_\_\_\_

PRO-RATE \$ \_\_\_\_\_

ZONING REVIEW \$ \_\_\_\_\_

CLASS CODE: \_\_\_\_\_

ZONING REVIEW \$ \_\_\_\_\_

BASE TAX \$ \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

LICENSE FEE \$ \_\_\_\_\_

PRO-RATE \$ \_\_\_\_\_

ISSUE DATE: \_\_\_\_\_

ADJUSTMENT AMT \$ \_\_\_\_\_

EMPLOYEE LEVY:  
\_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

CSA FEE \$ \_\_\_\_\_

TOTAL TAX \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

ADJUSTMENT AMT \$ \_\_\_\_\_

CSA FEE \$ \_\_\_\_\_

TOTAL DUE \$ \_\_\_\_\_

**COTTAGE FOOD BUSINESS – VERIFIED FIRE EXTINGUISHER ON SITE:**  YES

**NOTES/COMMENTS:**