



CITY OF EMERYVILLE
 1333 PARK AVENUE, EMERYVILLE CA 94608
 DVINK@EMERYVILLE.ORG
WWW.CI.EMERYVILLE.CA.US
 (510) 596-4325

DEPARTMENTAL USE ONLY: ACCOUNT #: _____ DATE: _____

BUSINESS LICENSE APPLICATION

<u>CIRCLE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	OWNERSHIP	ADDRESS	USE
BUSINESS NAME (30 CHARACTERS MAX):			START DATE IN EMERYVILLE:			
BUSINESS ADDRESS (NO PO BOXES):			CITY/STATE/ZIP:			
MAIL ADDRESS:			CITY/STATE/ZIP:			
BUSINESS PHONE:			BUSINESS FAX:			
CONTACT PERSON 1:		PHONE:	E-MAIL ADDRESS:			
CONTACT PERSON 2:		PHONE:	E-MAIL ADDRESS:			
DESCRIPTION OF BUSINESS ACTIVITIES:						
(CONT.)						
<u>OWNERSHIP:</u>	INDIVIDUAL	PARTNERSHIP	CORPORATION	LLC	NON-PROFIT	
OWNER 1/ AGENT FOR SERVICE OF PROCESS:			TITLE:			
ADDRESS:			PHONE:			
OWNER 2:			TITLE:			
ADDRESS:			PHONE:			

SALES TAX NO.:	FEDERAL TAX ID NO.:
STATE EMPLOYERS ID NO.:	SOCIAL SECURITY NO.:
NAICS CODE:	SIC CODE:
NO. RENTAL UNITS:	CONTRACTOR LICENSE NO.:

BUSINESS TYPE:	OFFICE	RETAIL	MANUFACTURING	WAREHOUSE (SQ FT: _____)	OTHER _____
NO. OF EMPLOYEES:	FULL-TIME _____		PART-TIME _____		

THE ABOVE INFORMATION IS REQUIRED BY THE CALIFORNIA STATE FRANCHISE TAX BOARD UNDER REVENUE & TAXATION CODE SECTION NO. 19286.8.

BUSINESS LOCATION:	OWN	RENT	SQ FOOTAGE: _____
IF RENTED, INCLUDE LANDLORD INFORMATION:			
NAME AND COMPANY:			
ADDRESS:	CITY:	STATE:	ZIP:

I declare, under penalty of perjury, that the information on this application is true and correct.

SIGNATURE: _____ TITLE: _____ DATE: _____

For Departmental use only:	Date of BOE verification:
	Date of Site visit:



CITY OF EMERYVILLE

1333 Park Avenue

Emeryville, CA 94608

(510) 596-4325

NEW BUSINESS TAX RETURN

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ Fax Number: _____

Opening Date: _____

TAX CALCULATION:

License Year	_____
Gross Receipts	\$ _____
Tax Rate	x .0010
Tax Amount Due*	\$ _____
Administrative Fee	\$ 57.00
*State Mandated Disability Access & Education Revolving Fund	\$ 1.00
Subtotal Due	\$ _____

*Minimum tax is \$25.00

INTEREST AND PENALTY CALCULATION:

Tax Amount Due	\$ _____
Penalty Percentage	_____ %
(# Months x 5%, 25% Max)	x _____
Penalty Due	\$ _____
Outstanding Balance	_____
(Penalty + Tax Amt.)	\$ _____
Interest Percentage	_____ %
(# Months x 1.5%)	x _____
Interest Due	\$ _____

TOTAL DUE: \$ _____

(Subtotal + Penalty Due + Interest Due)

*On September 19, 2012 Governor Brown signed into law SB-1186 which adds a state fee of \$1 on any applicant for a local business license or similar instrument or permit, or renewal thereof. The purpose is to increase disability access and compliance with construction-related accessibility requirements and to develop educational resources for businesses in order to facility compliance federal and state disability laws, as specified. **Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx. The Department of Rehabilitation at www.rehab.cahwnet.gov. The California Commission on Disability Access at www.cdda.ca.gov.

I declare, under penalty of perjury, that the information on this return is true and correct.

Signature: _____ Title: _____

Print Name: _____ Date: _____

Please make check payable to the City of Emeryville

Include the completed, signed tax return with your payment and remit to:

City of Emeryville
Attention: Business Licenses
1333 Park Avenue
Emeryville, CA 94608

Penalty Calculation: Penalties are assessed on all delinquent accounts. Penalty is 5% of tax due per month to a maximum penalty of 25%.



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Interest Calculation: Interest is charged on all delinquent payments. Interest is charged at 1.5% per month and there is no maximum limit. The interest charge is calculated on the total outstanding balance (tax + penalty). For assistance please call (510) 596-4325.

Revised 06/25/14

CITY OF EMERYVILLE POLICE, FIRE, & EMERGENCY SERVICES SURVEY

The Emeryville Police and Fire Departments ask your cooperation in completing this survey. The information requested will help us in our continuing effort to protect your property. The information will be immediately available in cases of emergency, which require notifying you or a designated person of any unusual circumstances concerning your property, which may occur during your non-business hours. The information is confidential and will only be used for official City business. Should a change or update be needed, please notify us as soon as possible.

BUSINESS NAME: _____ ADDRESS: _____

BUSINESS OWNER: _____ TELEPHONE NUMBER: _____

BUSINESS ACTIVITY: _____ USUAL HOURS OF BUSINESS: _____

List the names, addresses and phone numbers of person(s) to be notified in case of emergency when business is closed (if unable to contact one, we can then call the other).

Contact Person #1:	Address:	Phone Number:
Contact Person #2:	Address:	Phone Number:
Contact Person #3:	Address:	Phone Number:
Name and phone number of private protective services contracted by owner (Alarms, Private Patrol, Etc.):		
Any other pertinent information that may be helpful:		Date Survey Completed:

List all hazardous materials to be used and/or stored on the premises including flammable/combustible liquids, solids, gases, compressed flammable gases, liquefied petroleum gases, corrosives, oxidizing materials, organic peroxides, unstable material, highly toxic or poisonous materials, radioactive materials, etc. (Attach additional sheets if necessary.)

Chemical Name	Form	Maximum Quantity on Premises	Use

Form Completed By: _____ Title: _____



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517

HOME BUSINESS ACKNOWLEDGEMENT FORM

HOME OCCUPATIONS

EMC Title 9: Sections 9-5.804 and 9-5.805

Steps:

1. Read the Home Occupations sections:
 - 9-5.804 (page 2), and
 - 9-5.805 (page 3).
2. Complete sections:
 - **Business Information** (page 1), and
 - **Acknowledgement** (page 3).
3. Return this form with your Zoning Compliance Information Form.

If you have any questions about these requirements and regulations
please contact the Planning Division at 510-596-4362.

BUSINESS INFORMATION

Business Name: _____ Telephone: _____

Address: _____

Type of Business Activity (please describe): _____

9-5.804 Uses Excluded.

None of the following uses or activities shall be a Home Occupation:

(a) **Uses of Special Concern.** Any use of special concern, as listed in Section 9-2.701, shall not be a Home Occupation.

9-2.701 Uses of Special Concern.

- (a) Adult Oriented Businesses
 - 1) Retail
 - 2) Performance
- (b) Banks and Financial Institutions
 - 1) Bars/Nightclubs/Lounges
 - 2) Mobile Food Vendors
- (c) Eating and Drinking Establishments
 - 1) Bars/Nightclubs/Lounges
 - 2) Mobile Food Vendors
- (d) Funeral Homes, Mortuaries, and Mausoleums
- (e) Lodging
 - 1) Motels
- (f) Major Public Services
- (g) Motor Vehicle Sales and Services
 - 1) Cleaning
 - 2) Repair and Service
 - 3) Service Stations
 - 4) Towing and Impound
- (h) Recreation
 - 1) Gaming
- (i) Retail
 - 1) Fire Arms and Ammunition
 - 2) Liquor Sales
 - 3) Tobacco Shops
- (j) Crematories
- (k) Hazardous Waste Facilities
 - 1) Small Scale Waste Transfer and Storage
 - 2) Industrial Hazardous Waste Transfer/Storage/Treatment
- (l) Laundry and Dry Cleaning Services
- (m) Manufacturing
 - 1) General
 - 2) Heavy
- (n) Recycling Facilities
- (o) Salvage and Wrecking
- (p) Communication Facilities
 - 1) Transmission Towers

(b) **Commercial Hauling.** A commercial hauling business shall not be a Home Occupation.

9-5.805 Regulations.

A Home Occupation shall comply with all of the following regulations:

- (a) A Home Occupation shall not change the residential character of the dwelling unit or adversely affect other uses.
- (b) A Home Occupation shall take place within the dwelling unit or garage, or accessory building that is incidental to the principal residential use.
- (c) Outdoor storage associated with a Home Occupation is prohibited.
- (d) A Home Occupation shall not exceed 40% of the dwelling unit’s square footage and shall not exceed a maximum of 400 square feet of indoor space.
- (e) Plants and animals may be grown or kept in outdoor areas of the subject premises as part of the Home Occupation.
- (f) Displays and signage advertising the Home Occupation are prohibited.
- (g) A Home Occupation shall not have more than one associated vehicle that shall not exceed 20 feet in length. The associated vehicle shall not have more than four square feet of signage related to the Home Occupation.
- (h) Employees must be residents of the dwelling unit in which the Home Occupation is located, with the exception of one non-resident, full-time equivalent employee.
- (i) A Home Occupation shall not have more than five clients on the premises at any given time, and shall not have more than ten clients at the premises in any given business day.
- (j) Non-resident employees and clients shall only be at the premises between 8:00 a.m. and 9:00 p.m.
- (k) On-site sales shall be limited to those items physically produced or manufactured within the dwelling unit, garage, or accessory buildings that are part of the Home Occupation, except for plants and animals, which may be grown or kept in outdoor areas of the subject premises.
- (l) A Home Occupation that involves hazardous materials or processes shall require Fire Department approval. A Home Occupation shall not create offensive or objectionable noise, vibration, odors, smoke, fumes, heat, dust, dirt, glare or electrical disturbance perceptible by the average person beyond the lot line or party walls of multi-unit buildings of the subject premises.
- (m) A Home Occupation shall comply with all other applicable provisions of these Planning Regulations, including but not limited to the Performance Standards in Article 11 of this Chapter; all other applicable provisions of the Emeryville Municipal Code; and all other applicable local, state, and federal laws and regulations.

ACKNOWLEDGEMENT

I have read and understand the above referenced conditions.

Print Name: _____

Signature: _____ Date: _____



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ZONING COMPLIANCE INFORMATION FORM

For questions about this form contact the Planning Division at 510-596-4362.

BUSINESS LOCATION INFORMATION

Business Name: _____

Address: _____

Phone: _____

Email: _____

BUSINESS OWNER INFORMATION

Owner Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

PROPERTY OWNER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

HOME BUSINESS

Is this business operated out of your residence?

Yes ___ No ___ *If yes, attach Home Occupations Form.*

If yes, what is the total area of your residence in square feet? _____

APPLICATION SUBMITTED BY:

Applicant Name

Applicant Title

Signature

Date

BUSINESS OPERATIONS

Total area of business (in square feet): _____

Number of off-street parking spaces: _____

Describe the business: _____

Previous business at this location: _____

Will this business require any construction or building modifications? Yes ___ No ___

Will this business require a sign? Yes ___ No ___

Will there be any storage outside? Yes ___ No ___

Where is the trash/recycling/compost collection area?

Will service or delivery vehicles be required?

Yes ___ No ___ Frequency: _____

BUILDING DIVISION USE ONLY

Does the new business trigger a change in occupancy? Yes ___ No ___ Staff Initial: _____

PLANNING DIVISION USE ONLY

Previous Use Classification: _____

Proposed Use Classification: _____

Does the new business trigger Development Impact

Fees ? Yes ___ No ___ Fee: _____

Zoning District: _____ CUP? _____

Comments: _____

Approved: _____ Denied: _____ Date: _____

Staff Initial: _____ Staff Title: _____