



CITY OF EMERYVILLE  
 1333 PARK AVENUE, EMERYVILLE CA 94608  
[FINANCE@EMERYVILLE.ORG](mailto:FINANCE@EMERYVILLE.ORG)  
 (510) 596-4325

DEPARTMENTAL USE ONLY:  ACCOUNT #: _____  DATE: _____
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**BUSINESS LICENSE APPLICATION**

<u>CHOOSE ONE:</u>	NEW	RENEWAL	<u>CHANGE OF:</u>	OWNERSHIP	NAME	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.:	SS# OR CDL#:
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: _____
<b>IF RENTED, INCLUDE LANDLORD INFORMATION:</b>			
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

## ADMINISTRATIVE EXPENSES BUSINESS TAX RETURN

**Bus#**  
**Name**  
**Street Address**  
**City State Zip**

**Line**

A.) Gross Payroll:	\$ _____	Enter Gross Annual Payroll
B.) Utilities & Telephone:	\$ _____	Enter Gross Annual Utility/Telephone Expense
C.) Rents and Depreciation:	\$ _____	Enter Gross Annual Rents/Depreciation Expense
D.) Subtotal 1:	\$ _____	Sum of lines "A", "B" and "C"
E.) Tax Rate:	x .0010	
F.) Tax Due: <u>Min. Tax due is \$25</u>	\$ _____	Multiply line "D" by line "E"
G.) Penalty* (See Box 1 below):	\$ _____	
H.) Subtotal 2:	\$ _____	Sum of lines "F" and "G"
I.) Interest* (See Box 2 below):	\$ _____	
J.) Administrative Application Fee	\$61.00	
*State Mandated Disability Access &		
K.) Education Revolving Fund	\$4.00	
Total Due:		Sum of lines "H", "I" & "J", "K"

**Line**    **Box 1- Penalty Calculation**    **If the return is post marked after 03/01, penalties are due.**

J.) Tax Due:	\$ _____	Enter amount from line "F" above
K.) Penalty Rate:	x .05	Monthly penalty rate
L.) Monthly Penalty:	\$ _____	Multiply line "J" by line "K", enter amount here
M.) Number of months delinquent:	_____	Enter total number of months delinquent, Maximum is 5 months
G.) Total Penalty due:		Multiply line "L" by line "M", enter amount on line "G" above

**Line**    **Box 2- Interest Calculation**    **If the return is post marked after 03/01, Interest is due.**

N.) Subtotal of tax due & Penalties:	\$ _____	Enter Subtotal from line "H" above
O.) Monthly Interest Rate	x .015	Monthly interest rate
P.) Monthly Interest Due:	\$ _____	Multiply line "N" by line "O", enter answer here
Q.) Number of months delinquent:	_____	Enter total number of months delinquent
I.) Total Interest Due:		Multiply line "P" by line "Q", enter amount on line "I" above

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_



# CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE  
EMERYVILLE, CALIFORNIA 94608-3517

## 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: \_\_\_\_\_



# CITY OF EMERYVILLE

INCORPORATED 1896

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## 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: \_\_\_\_\_