



BUSINESS LICENSE APPLICATION

City of Saratoga
13777 Fruitvale Avenue ■ Saratoga, CA 95070
Phone/Fax: (408) 868-1260 ■ www.saratoga.ca.us

BUSINESS INFORMATION

Business Name _____ Assessor's Parcel # _____
Business Address _____ Mailing Address _____
Corporate Name _____
Phone _____ Cell Phone _____
Email _____ Web Address _____
Federal Tax ID/SSN _____ Seller's Permit # _____
Type of Ownership Sole Proprietorship Partnership Corporation Business Start Date _____
Type of Business _____ # of Employees _____

BUSINESS OWNER INFORMATION (please attach an additional sheet, if necessary)

Owner 1 Name/Title _____ Owner 2 Name/Title _____
Address _____ Address _____
Phone _____ Phone _____
Email _____ Email _____

BUILDING CONTRACTORS OPERATING IN SARATOGA (if not applicable, proceed to next section)

Contractor's Lic. # _____ Expiration Date _____ Contractor's Lic. Class _____

HOME OCCUPATION BUSINESSES LOCATED IN SARATOGA (if not applicable, proceed to next section)

Business Description _____
Will your business be an accessory use of the residence? Y/N
Will you be selling anything out of the residence? Y/N
If yes, will these items be manufactured in and shipped from the residence? Y/N
Will others, aside from those living in the residence, be involved in the operation of the business? Y/N
If yes, what work will these people do? _____
Will the business be operated out of an accessory structure? Y/N
Will equipment/supplies be stored in an accessory structure or outside the residence? Y/N
Do you plan to alter the exterior of the residence to conduct the business? Y/N
Does your business require signage to be installed on or outside of the residence? Y/N
Will the existence of the business be apparent beyond the boundaries of the property? Y/N
Will the business be medical in nature (doctor, dentist, osteopath, chiropractor, etc.)? Y/N
Will the business create odor, dust, fumes, vibration, smoke, radio or television interference, or noise audible beyond the boundaries of the property? Y/N
Do you plan to park a half ton or larger truck and/or a semi-trailer at the site? Y/N
Will customers or clients regularly visit the property as part of your business? Y/N
Will merchandise, products, or other materials be displayed for advertising purposes? Y/N

15-40.010 - General regulations.

All home occupations shall comply with the following regulations:

- a) There shall be no stock-in-trade other than products manufactured on the premises.
- b) A home occupation shall be conducted within a dwelling by an occupant thereof, and shall be clearly incidental to the use of the structure as a dwelling.
- c) A home occupation shall not be conducted in an accessory structure and there shall be no storage of equipment or supplies in an accessory structure or outside the dwelling.
- d) There shall be no external alteration of the dwelling in which a home occupation is conducted.
- e) The existence of a home occupation shall not be apparent beyond the boundaries of the site.
- f) Medical offices for doctors, dentists, osteopaths, chiropractors and other practitioners of the healing arts are not permitted as home occupations in any A, R-1, HR, R-OS or R-M district.
- g) No person other than a resident of the dwelling shall be employed in the conduct of a home occupation.
- h) A home occupation shall not create any noise, odor, dust, fumes, vibration, smoke or radio or television interference beyond the boundaries of the site.
- i) Not more than one truck, of not more than one-half ton capacity, and no semi-trailers, incidental to a home occupation shall be kept on a site.
- j) A home occupation shall not create pedestrian, automobile or truck traffic significantly in excess of the normal amount in the district.
- k) There shall be no display of merchandise, products or other material or equipment for advertising purposes.
- l) Professional or administrative offices wherein clients or prospective clients are regularly met upon the premises shall not be permitted as home occupations in any A, R-1, HR, R-OS or R-M district. This prohibition shall not apply to the sale of dwelling units out of a temporary office established in a model home when properly authorized by a use permit.

I have reviewed the above excerpt of Saratoga City Code Section 15-40.010 and agree to abide by City regulations of home occupation businesses as a condition of my business license.

Initials _____

WORKERS' COMPENSATION DECLARATION

I hereby affirm, under penalty of perjury, ONE of the following:

_____ Self-Insurance: I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided by California Labor Code Section 3700, for the duration of any business activities conducted for which this license is to be issued (for businesses with employees).

_____ Insurance through Carrier: I have and will maintain workers' compensation insurance, as required by California Labor Code Section 3700, for the duration of any business activities conducted for which this license is issued (for businesses with employees).

Carrier _____ Policy Number _____ Expiration Date _____

_____ No Employees: I certify that in the performance of any business activities for which this license is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of California Labor Code Section 3700, I shall comply with the provisions of California Labor Code Section 3700.

WARNING: Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to \$100,000 in addition to the cost of compensation, damages as provided in California Labor Code Section 3706, interest, and attorney's fees.

