



City of Tustin
 Business License Department
 300 Centennial Way
 Tustin, CA 92780
 714-573-3144 FAX 832-0825

CHANGE OF ADDRESS FORM – HOME BASED BUSINESS
COMPLETE ALL PAGES

Business Name* _____

*(If other than surname, include a copy of your approved Fictitious Business Name statement filed with the County Clerk.)

Former Business Address _____ Suite Number _____
 (Use of Post Office or commercial mailbox for business address is a misdemeanor.)

City _____ State _____ Zip Code _____

Mailing Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Cell Phone (____) _____

New Business Address _____ Suite Number _____
 (Use of Post Office or commercial mailbox for business address is a misdemeanor.)

City _____ State _____ Zip Code _____

Mailing Address _____ Suite No. _____

City _____ State _____ Zip Code _____

Business Phone (____) _____ Cell Phone (____) _____

Number of Employees at this location _____

E-Mail Address _____

Web Address _____

Business Description _____

I hereby declare, under penalty of perjury, that the foregoing information is true and correct. As a condition for the issuance of the license applied for, I agree to submit any additional information that may be required and to conduct all phases of this business in conformance with all applicable laws, ordinances and regulations established for such business/profession.

 Signature

 Printed Name and Title

 Date

OFFICE USE ONLY						
		PLNG	BLDG	WATER	FIRE	BLIC
ZONING	INITIALS					
	DATE					

ANY VIOLATION OF THE TUSTIN CITY CODE AND/OR MISREPRESENTATION, FALSE, MISLEADING, OR INCOMPLETE ANSWERS ON THIS FORM MAY CAUSE THIS APPLICATION TO BE DENIED OR RESCINDED. FEES ARE NOT REFUNDABLE.

Business Name _____ Telephone _____

Approximate Square Footage of Business _____

Business Location _____

FILL IN THE PERCENTAGE OF EACH BUSINESS USE THAT APPLIES (BASED ON SQUARE FOOTAGE)—BASED ON 100 PERCENT, WHAT COMPRISES YOUR BUSINESS ACTIVITY. NUMBERS SHOULD ADD UP TO 100.

	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
	Office	Warehouse	Industrial/R&D	Retail	Wholesale	Service
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your business address also your home address? If Yes, please complete the supplemental home occupation questionnaire.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate a social club, dating service, or escort service?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide and/or arrange live entertainment?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide, arrange and/or produce adult entertainment and/or sell or rent adult oriented material?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide billiards, pool, bagatelle, bowling alleys, or more than five (5) pinball or electronic games?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is your firm a private patrol service?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Does a patrol service work for you?				
		Name and address of service: _____				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business have a security alarm system?				
		Name and address of alarm company: _____				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you provide massage therapy or operate a bath, sauna bath, or massage establishment?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business sell, manufacture, or have mail order adult books, lingerie, toys, or novelties?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate an antique store or business that buys or sells used items? If Yes, please complete the supplemental used merchandise affidavit.				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you operate a business that involves pawn?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business broker, buy, sell, or trade motorized vehicles?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business sell, distribute, process, or cultivate marijuana in any form?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any merchandise be displayed outside the building?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business sell beer, wine, and/or other alcoholic beverages?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you sell firearms?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you adding or removing any doors, windows, walls, or partitions?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you modifying, adding, or removing any plumbing, mechanical, or electrical system?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will any accessory sheds, canopies, awnings, or other exterior structures be installed for this business?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be constructing any signs (temporary or permanent) outside the building?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be storing any materials outside the building?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you be storing any commercial vehicles, tools, or equipment on-site?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will you have any aboveground or underground tanks?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will water be used in your manufacturing or processing?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will your business involve cooking on a commercial stove or fryer?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you installing a new commercial hood or fire protection system?				
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the business provide training or classes at your business location to anyone not employed by the business?				

If renting a building, office, or space, to whom will or do you pay rent? _____
 Owner/Management Company Name

Address _____ Telephone _____

When does or will your current lease end? _____
 How many units do you or will you lease at this location? _____

Yes No Will you be sharing this location with another business?

Your business location will be checked by the zoning, building, water, police, and fire departments. If you have any doubt that your business location, activity, and/or building does not conform with the requirements of the Municipal Code, please contact these departments for further information before filing this application or entering into a Lease Agreement.

I understand that this application and payment of tax does not license me to operate until I have fulfilled all the requirements of the Tustin Municipal Code.

I hereby certify under penalty of perjury that I have read and understand the above statements. (904)

Signature _____ Print Name and Title _____ Date _____
 Driver's License No. _____



HOME OCCUPATION QUESTIONNAIRE

BUSINESS NAME _____

Type of Business _____

Describe Business Activity (in detail) _____

RESIDENCE TYPE (check which applies)

- Single Family Apartment Condo/duplex Mobile Home

BUSINESS ADDRESS _____

PHONE (_____) _____

BUSINESS SQUARE FOOTAGE:

Size of residence: _____ SF
Size of work area: _____ SF
Size of storage area: _____ SF
Size of garage: _____ SF

PARKING:

Number of enclosed parking spaces _____
Will the business (check one)
 Reduce Eliminate Cause no change to ...
... Garage parking

WORK AREA: (Check any which apply)

- Office area -inside residence
 Limited work area in garage
 Outdoor area (specify location)
 Other

STORAGE AREA: (Check any which apply)

- Limited storage area in garage
 Storage inside residence
 Storage area in accessory structure
 Other

WORK ACTIVITIES IN THE RESIDENCE:

- (Check any which apply)
 Service/office use -inside residence
 Assembly of product
 Manufacture of product
 Retail/wholesale location
 Other

BUSINESS VEHICLE(S):

- (Check which stored/parked on-site)
 Standard passenger vehicle/van # of vehicles _____
 Pickup truck w/out trailer # of vehicles _____
 Pickup truck with trailer # of vehicles _____
 Commercial (10,000 lb gross wt) # of vehicles _____
 Other

Specify types of all equipment to be used with this business _____

General comments or clarification concerning the operation of your business:

I understand that this application and payment of tax does not license me to operate until I have fulfilled the applicable requirements of the Tustin City Code. (Tustin City Code Section 9297)

- YES NO Will the business be conducted at any off-site locations.
- YES NO Will the business involve spray painting?
- YES NO Will the business involve the raising of fish or animals on the premises?
- YES NO Will the business involve the growing of crops, flowers, or herbs?
- YES NO Is this your only residence?
- YES NO Will you have any employees, including contract employees?
- YES NO If YES, will all employees be residents of the premises?
- YES NO If you will have employees who are not residents of the premises, will any of these employees conduct business at the premises or be dispatched "in person" from this location?
- YES NO Will any stock be stored at the residence? If YES, please indicate the type of stock to be stored, the approximate quantity, and where you intend to store it.
- YES NO Will any product or merchandise be brought or delivered to the residence? If YES, please indicate the type of merchandise.
- YES NO If work is done in the garage will the doors remain closed while work is in progress?
- YES NO Will clients, customers, students or patrons of the business frequent the residence?
- YES NO Will you receive truck deliveries, bulk mail or packages related to the home occupation an average of more than twice per week?
- YES NO Will noise be created which is audible beyond the premises?

A home occupation is defined as an occupation carried on wholly within a dwelling by an occupant of the dwelling, as a secondary use, in connection with which there is: No person employed who is not a resident of the premises, no exterior display, **no stock-in-trade or commodity** sold upon the premises. No mechanical or electrical equipment used except such as is customary for housekeeping purposes. No outside operations or storage. No alteration of the residential appearance of the premises, no alterations which negatively impact the health, safety or welfare of the general public or which emits smoke, dust fumes, odors, vibrations, glare or electrical disturbances onto any other premises, no activity which generates excessive pedestrian traffic or vehicular traffic or parking in excess of that otherwise normally found in the zone. No parking or use made of any vehicle over 3/4 ton carrying capacity (Tustin City Code Sections 9271gg and 9297).

I declare, under penalty of perjury, that the information contained in this supplemental questionnaire is, to the best of my knowledge, true and correct. I authorize the City, its agents and employees to verify the information contained in this questionnaire. (1-5-5)

BUSINESS PHONE

ADDRESS

PRINTED NAME and TITLE SIGNATURE DATE

300 Centennial Way, Tustin, CA 92780 714-573-3144 FAX 714-832-0825