



City of Dublin
 Community Development Department
 100 Civic Plaza, Dublin, CA 94568
www.dublin.ca.gov/businesslicense
 Contact: (925) 833-6610 or BLapps@dublin.ca.gov

Business License Application: Home Occupation

Please check: New Application Change of Owner Change of Address Change of Business Name Daily/Itinerant BL

Corporate/Business Name: _____ Start of Bus. in
 Dublin (MM/YY): _____
 DBA Name (if applicable): _____ Business Phone: _____
 Business Location*: _____ Business Fax: _____
 _____ Resale No.: _____
 *Cannot be PO Box per State of CA Business & Professions Code Section 17538.5 Federal ID No.: _____
 Mailing Address*: _____ State ID No.: _____
 *If different from above _____ CSLB No.: _____
 Email: _____ CSLB Type: _____
 Description of Business: _____ CSLB Exp. Date: _____

Ownership Type: Corporation LLC Sole Proprietor Partnership Trust

1st Owner Name: _____ Driv. Lic#: _____
 Home Address*: _____ DL State & Exp. Date: _____
 Cannot be PO Box _____ SSN: _____
 *SSN must be provided if no Federal ID is listed above
 Primary Phone: _____ Secondary Phone: _____

2nd Owner Name: _____ Driv. Lic#: _____
 Home Address*: _____ DL State & Exp. Date: _____
 Cannot be PO Box _____ SSN: _____
 *SSN must be provided if no Federal ID is listed above
 Primary Phone: _____ Secondary Phone: _____

Emergency Contact: _____ Primary Phone: _____
 Address: _____

Please mark this box if **you OWN** your residence. If **you RENT** your residence, please provide the information/authorization below:
 Own/Prop. Mgr.: _____ Primary Phone: _____
 Address: _____

Authorization letter from Landlord Attached.

of Employees: _____ Sq. Ft. of Bus. Space: _____ Operating Days/Hours: _____

Will business use/store/sell flammable, explosive, corrosive, hazardous materials?
 Yes No

Will business use/store/sell alcohol?
 Yes No

Is your business (select one)?
 Woman-Owned
 Minority-Owned
 Disabled-Owned
 LGBTQ+-Owned
 Veteran-Owned
 Prefer not to answer

With which race do you best identify with (select one)?
 African-American
 East Asian
 Hispanic
 Middle Eastern
 American Indian/Alaskan Native
 Pacific Islander
 South Asian
 White
 Prefer not to answer
 Other (please specify): _____

By checking this box, I certify that I declare that all of the information provided is correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable federal, state and city laws and regulations. I understand that any false statements made are grounds for denial or revocation of my business license.

Home Occupation Business License Supplemental Questionnaire - Page 1 of 2

This form must be completed by the prospective business owner in order to obtain a license to conduct business within a residence in the City of Dublin. Please answer the following questions, sign and date this form, and return it to the Community Development Department. The Dublin Zoning Ordinance allows a home occupation to be conducted in a Residential District when in compliance with the Home Occupation Regulations (Chapter 8.64). The following questionnaire will assist in determining if the operating characteristics of your proposed home occupation are consistent with these regulations.

Business Name: _____ Business Phone: _____

Business Address: _____

Yes No 1) Is your home occupation a **Cottage Food Operation**?

a) If yes, a Zoning Clearance is required prior to the issuance of a Business License. Please contact the Planning Division at (925) 833-6610 for more information. You may skip the remainder of this form and sign and date the bottom.

b) If no, complete the remainder of this Questionnaire.

Yes No 2) Will your home occupation be conducted within an accessory structure or temporary structure (excluding a lawfully constructed detached office, studio or workshop)?

Yes No 3) Will your home occupation change the external appearance of your residence?

Yes No 4) Will your home occupation require that construction equipment or work vehicles (such as plumbing vans, electronic repair vans, or similar equipment or work vehicles) be stored at your residence?

Yes No 5) Will more than one company vehicle (truck, van or automobile only) or any vehicle larger than ¾ ton in capacity, be parked and used directly or indirectly in connection with your home occupation?

Yes No 6) Will your home occupation violate any applicable codes, laws or regulations of the City, County, State or Federal governments?

Yes No 7) Will your home occupation be conducted in the garage?

a) If yes, how many parking spaces will remain available for the parking of vehicles? _____

Yes No 8) Will any vehicle used for your home occupation be parked in your garage, or in an assigned parking space or designated guest parking space (for multi-family dwellings)?

Yes No 9) Will your home occupation be located in an Emergency Shelter or Transitional Housing?

Yes No 10) Will your home occupation require that employees or the second owner gather at or work from your residence (excluding employees who reside in the home)?

Yes No 11) Will your home occupation require the installation of equipment or appliances, or the storage of materials, of a non-residential nature, in your residence or in an accessory structure?

Yes No 12) Will you engage in activities or use equipment or material that would change the fire safety or occupancy classification of your residence, as set forth in the Building Code (i.e. from a residential occupancy to a hazardous occupancy)?

Yes No 13) Will your home occupation require the storage of flammable, explosive, or hazardous materials?

Yes No 14) Will your property be used only for the home occupation (i.e. you would not be living in the residence)?

Yes No 15) Will your home occupation be conducted outdoors (excluding swimming instruction) and/or in more than one room within your residence?

Yes No 16) Will customers visit the residence to receive merchandise or goods that are sold, leased or rented, as part of your home occupation?

Yes No 17) Will customers visit the residence to receive services provided as part of your home occupation?

Yes No 18) Will your home occupation create or cause traffic, noise, dust, light, vibration, odor, gas, fumes, toxic/hazardous materials, smoke, glare, electrical interference, or other hazards or nuisances beyond those normal for a residential area?

Yes No 19) Will your home occupation involve the outdoor storage or display of merchandise, equipment, appliances, tools, materials, or supplies?

Yes No 20) Will any advertising sign, window display, or other identification of the home occupation be displayed on the premises (other than a house number and/or name plate)?

Yes No 21) Will your home occupation involve the storage of equipment, materials, wastes, or other items needed for, or produced by, a construction, landscaping, or service trade?

Yes No 22) Will your home occupation provide instruction to more than two students at one time in music, academics, dance, or swimming, or would students be given instruction before 8:00 a.m. or after 9:00 p.m.?

Yes No 23) Will your home occupation generate more than five additional pedestrian or vehicular trips per day or more than two delivery trips per day?

Yes No 24) Will your home occupation require that deliveries be made after 9:00 p.m. or before 8:00 a.m.?

25) Will your home occupation involve any of the following types of businesses:

Yes No a. Adult Business Establishment?

Yes No b. Personal Services (excluding Tutoring)?

Yes No c. Carpentry or cabinet making?

Yes No d. Dance or night club?

Yes No e. Fortune telling?

Yes No f. Grooming, breeding, boarding (day or night), training or raising of any animal?

Yes No g. Medical or dental office, clinic, or laboratory?

Yes No h. Mini-storage?

Yes No i. Repair (body or mechanical) or reupholstering of a vehicle not owned by you?

Yes No j. Repair Shop (including appliances, electronic equipment, furniture, fix-it shops, or plumbing)?

Yes No k. Eating and Drinking Establishment?

Yes No l. Welding and machining?

If you have any questions about the contents of this Questionnaire, please contact the City of Dublin Planning Division at (925) 833-6610 prior to submitting your application.

I declare under penalty of perjury that all of the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

Print Name

Date