



# HOME OCCUPIED BUSINESS

**PLEASE COMPLETE ALL ITEMS BELOW, THEN RETURN VIA (CHOOSE ONE):**

**Email:** [sanleandro@hdlgov.com](mailto:sanleandro@hdlgov.com) **OR Mail to:** 8839 N Cedar Ave. #212, Fresno, CA 93720

## BUSINESS NAME

- NEW APPLICATION
- CHANGE OF ADDRESS

PROPERTY ADDRESS

ASSESSOR PARCEL #

[www.sanleandro.org/zoning](http://www.sanleandro.org/zoning)

OWNER NAME

PHONE

EMAIL

## BUSINESS INFORMATION

DETAILED BUSINESS DESCRIPTION

PRODUCTS, MATERIALS, EQUIPMENT STORED ON SITE

ROOM USED FOR THE BUSINESS (e.g. office)

HOW DO YOU ADVERTISE YOUR BUSINESS?

# BUSINESS VEHICLE(S)

WHERE ARE VEHICLES PARKED?

VEHICLE TYPE

VEHICLE PURPOSE

# EMPLOYEES WHO LIVE AT THIS PROPERTY

# EMPLOYEES WHO REPORT TO A JOB SITE

## BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE

I (We) have read and understand the requirements of a Home Occupation as outlined in Section 2.04.220 of the City of San Leandro Zoning Code. I (We) understand that operating a home occupation that is not in compliance with Section 2.04.220 shall be grounds for revocation of the permit. I (We) also understand that this approval may not be transferred to another person or address unless a new application is filed and approved. I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the San Leandro Municipal Code. I understand that the filing of this application and payment of fees does not entitle me to commence or carry on any business in the City of San Leandro until said Business License is approved and issued. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.

SIGNATURE

- Business owner
- Authorized Representative

PRINT NAME

## PROPERTY OWNER OR PROPERTY MANAGEMENT

SIGNATURE

- Property Owner
- Property Management

PRINT NAME

ADDRESS

PHONE

EMAIL

### OFFICIAL USE ONLY

ACCOUNT #

ZONING DISTRICT

APPROVED  DENIED

By:

Date:

### STAFF COMMENTS