



**Finance Department**  
 276 Fourth Avenue, Chula Vista, CA 91910  
 (619) 691-5250, Option 7 - FAX (619) 409-5814

New Business License # \_\_\_\_\_  
 \_\_\_\_\_  
 Old Business License # \_\_\_\_\_  
 \_\_\_\_\_

**BUSINESS LICENSE APPLICATION**

Please complete ALL items on this application.

**Please Check One**  New Application  Change of Owner  Change of Address  Change of Business Name  Change of Classification

**Business Name** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_  
 (if applicable)

**Business Location** \_\_\_\_\_ **Bus. Start Date** \_\_\_\_\_  
(Cannot be P.O. Box per State of California Business & Professions Code-Section 17538.5)

**Mailing Address** \_\_\_\_\_ **Resale No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

\_\_\_\_\_ **Federal ID No.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone No.** \_\_\_\_\_ **Fax No.** \_\_\_\_\_ **State ID No.** \_\_\_\_\_

**Description of Business** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Ownership**  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust  Home Based Business

**State License #** \_\_\_\_\_ **License Type** \_\_\_\_\_ **Expire Date** \_\_\_\_\_  VERIFIED

Enter below names of Owners, Partners, or Corporate Officers (attach additional sheet, if necessary)

**1st Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Last 4 digits** \_\_\_\_\_

(Cannot be P.O. Box) \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

**2nd Owner Name** \_\_\_\_\_ **Title** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Last 4 digits** \_\_\_\_\_

(Cannot be P.O. Box) \_\_\_\_\_ **Driver Lic. No.** \_\_\_\_\_

**Home Phone No.** \_\_\_\_\_ **Cell No.** \_\_\_\_\_

Emergency Contact (The emergency contact phone number must be different from the business phone number listed above.)

**Contact Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

Alarm Company

**Business Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**OFFICIAL USE ONLY**

**BUSINESS TAX FEE**

<b>ROUTE TO:</b> <input type="checkbox"/> BLDG/PLN <input type="checkbox"/> CVPD <input type="checkbox"/> FIRE <input type="checkbox"/> STW	<b>IF APPLICABLE          PROVIDE NUMBER OF:</b>	<b>Base Fee</b> \$ _____
	Employees <input type="text"/>	<b>Employee Fee</b> \$ _____
<b>New office / storefront businesses must participate in a          free energy &amp; water evaluation to help you save money          (see FREBE flyer)</b>  <b>Schedule an appointment (within 60 days) at          www.chulavistaca.gov/clean or (619) 409-3893</b>  Preferred date/time? _____	Square Footage <input type="text"/> <small>* Required</small>	<b>Vending Machine Fee</b> \$ _____
	Vending Machines <input type="text"/>	<b>Amusement/Video          Machine Fee</b> \$ _____
<b>On-Site Contact (required)</b>  Name: _____  Phone: _____  Email: _____	Amusement/ Video Machines <input type="text"/>	<b>Apartment Units Fee</b> \$ _____
	Apartment Units <input type="text"/>	<b>Hotel/Motel Units Fee</b> \$ _____
	Hotel/Motel Units <input type="text"/>	<b>MHP Spaces Fee</b> \$ _____
	MHP Spaces <input type="text"/>	<b>Home Occupation Fee</b> \$ _____
		<b>Zoning Fee</b> \$ _____
		<b>TOTAL DUE</b> \$ _____

I declare under penalties of perjury that this application is true and 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 further understand that any false statements made above are grounds for denial or revocation of this business license.

Signature of Owner or Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF CHULA VISTA.**



**Home Occupation Permit Application**

**Applicant Information**

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Business Information**

Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Please Circle Yes or No

- Yes No Will the Home Occupation alter or change the residential character or purpose of the home or apartment?
- Yes No Will the Home Occupation create any appreciable increase in traffic?
- Yes No Will the Home Occupation require additional parking spaces?
- Yes No Will the Home Occupation require the employment of persons other than domestic help?
- Yes No Will the Home Occupation create a nuisance by reason of noise, dust, odor, vibration, fumes, smoke, electrical interference or other causes?
- Yes No Will there be any indoor or outdoor storage of materials, equipment or supplies?  
If yes, where? \_\_\_\_\_ Cubic feet: \_\_\_\_\_
- Yes No Will there be any mechanical equipment used in connection with the Home Occupation, other than clerical or domestic appliances?

If "yes", the applicant must obtain approval of the Planning Commission for equipment in excess of one (1) horsepower by filing an application for a **Planning Commission Request for Action**.

**"I declare under the penalty of perjury that the foregoing information is true and correct."**

Print Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: There shall be no external display of products, merchandise or any sign to identify the home occupation. A permit shall be revoked by the Zoning Administrator upon violation of any requirement, condition of limitation, unless such violation is corrected within fifteen (15) days of notice of violations. Any permit may be revoked for repeated violations.

**Conditions of Approval**

**"HOME FOR OFFICE USE ONLY. NO CUSTOMERS AND/OR EMPLOYEES ON SITE."**

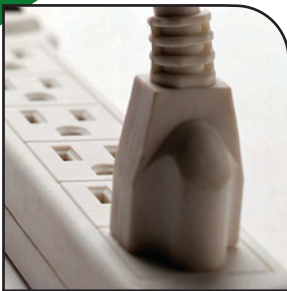
In the event of denial, revocation or objections to the limitations placed, thereon, an appeal may be made to the Planning Commission within (10) days of the determination.

**\*FOR OFFICE USE ONLY\***

**APPROVED** Finance Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**DENIED** Property is zoned: \_\_\_\_\_

**NOTE: This is NOT a business license. A separate Business License is also required for all Homes Occupations. Please complete and submit the application for a Business License in addition to this form.**



Get a **FREE** on-site energy and water evaluation of your facility (a \$300 value) when a new business license is issued, or every four years for an existing license if your business has a storefront or offices! The evaluation can be completed by Conservation Specialists in about 30 minutes. Set up your appointment today!



Chula Vista  
**FREBE**  
PROGRAM  
Free Resource & Energy Business Evaluation

## What are the benefits?

- FREE assistance identifying ways to reduce energy and water costs
- FREE energy and water rebate assistance and 0% interest financing options for qualified projects and customers
- No-cost compact fluorescent light bulbs, FREE “smart” power strips or other devices
- FREE training on ways to easily track energy and water costs
- Notices regarding FREE business-specific services and rebates
- Comprehensive report upon completion

## Make an appointment!

Visit [www.chulavistaca.gov/clean](http://www.chulavistaca.gov/clean) and go to the online calendar to schedule your appointment, or call (619) 409-3893.

For more information about the program or ordinance, please contact the Department of Conservation & Environmental Services at (619) 409-3893 or email [Conservation@chulavistaca.gov](mailto:Conservation@chulavistaca.gov)

## It really works!

*We've built a partnership with the City of Chula Vista on becoming "green." It is incredible how much they have saved us on our utility bills! Seeing all that savings going to our bottom line is awesome.*

– Red Lobster, Chula Vista

*We were happy to try anything to save energy. The evaluation really helped cut our costs! We are also pleased with the brighter lights and the great selection of bulbs.*

– El Torito, Chula Vista



This program is funded by California rate payers under the auspices of the California Public Utilities Commission.





Reciba una evaluación GRATIS de uso de agua y energía en su negocio (con valor de \$300) cuando se le de a usted su licencia de negocio, ó cada cuatro años si su negocio u oficina ya consta con una licencia. La evaluación se puede completar por los empleados de la ciudad en 30 minutos o menos. ¡Haga su cita hoy!



## ¿Cuáles son los beneficios?

- Asistencia GRATIS para identificar opciones para reducir costos de agua y energía
- Asistencia GRATIS para reembolsos de agua y electricidad y 0% de interés en opciones de financiamiento para clientes y proyectos calificados
- Focos y multiconectores programables GRATIS u otros accesorios
- Entrenamiento GRATIS de como puede manejar fácilmente sus costos de energía y agua
- Noticias sobre servicios gratis y reembolsos exclusivos para negocios
- Al terminar se entregara un reporte comprensivo

## ¡Haga una cita!

Visite [www.chulavistaca.gov/clean](http://www.chulavistaca.gov/clean) y vaya al calendario en-línea para hacer su cita, ó llame al (619) 409-3893.

Para más información acerca del programa ó de la ordenanza, por favor contacte el Departamento de Conservación y Servicios Ambientales al (619) 409-3893 ó mande un correo electrónico a [Conservation@chulavistaca.gov](mailto:Conservation@chulavistaca.gov)

## ¡Realmente funcional!

*Nosotros hemos formado una asociación con la Ciudad de Chula Vista para volvernos "verdes." ¡Es increíble cuánto nos han hecho ahorrar en nuestros recibos de luz, gas y agua! ¡Es impresionante ver que todos esos ahorros se vayan a nuestros costos de operación!*

— Red Lobster, Chula Vista

*Nosotros estuvimos felices de intentar cualquier cosa para ahorrar energía. ¡La evaluación realmente nos ayudó a reducir nuestros costos! Nosotros también estamos satisfechos con las luces tan brillantes y la gran selección de focos.*

— El Torito, Chula Vista



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