



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

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

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
FREEBE
 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

Make an appointment!

Visit 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@ci.chula-vista.ca.us

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.

Department of Conservation & Environmental Services