

10300 TORRE AVENUE
CUPERTINO, CA 95014-3255
TEL (408) 777-3221 FAX (408) 777-3109

ACCOUNT # _____

**CITY OF CUPERTINO
BUSINESS LICENSE APPLICATION**

NEW
RENEWAL

NAME OF BUSINESS _____

LOCATION OF BUSINESS _____
STREET ADDRESS _____

PHONE () _____
CITY STATE ZIP

MAILING ADDRESS IF DIFFERENT THAN ABOVE _____
EMAIL _____

NATURE OF BUSINESS _____ HOURS OF OPERATION _____

IF YOU ARE OPERATING AN APARTMENT COMPLEX, PLEASE STATE NUMBER OF UNITS _____

SQUARE FOOTAGE OF YOUR BUILDING SPACE IN CUPERTINO _____ # OF CUPERTINO EMPLOYEES _____

LEGAL STATUS OF BUSINESS _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR

START DATE OF BUSINESS IN CUPERTINO (MONTH/DAY/YEAR) _____

STATE EMPLOYER ID NO. _____ FEDERAL TAX ID NO. _____

STATE BOARD OF EQUALIZATION TAX NUMBER _____

OWNER/OFFICER NAME _____ DRIVER LICENSE # _____ STATE _____

PHONE () _____
STREET ADDRESS CITY/STATE/ZIP

OWNER/OFFICER NAME _____ DRIVER LICENSE # _____ STATE _____

PHONE () _____
STREET ADDRESS CITY/STATE/ZIP

OWNER/OFFICER NAME _____ DRIVER LICENSE # _____ STATE _____

PHONE () _____
STREET ADDRESS CITY/STATE/ZIP

HOME BUSINESS APPLICANTS PLEASE COMPLETE REVERSE SIDE

TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND CORRECT. I AM AWARE THAT ALL INFORMATION PROVIDED IS AVAILABLE TO THE PUBLIC. BUSINESSES WILL COMPLY WITH STATE AND FEDERAL REQUIREMENTS.

APPLICANT'S SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

ZONING APPROVAL _____ DATE APPROVED _____
DATE PROCESSED _____ RECEIPT NUMBER _____ AMOUNT _____ INITIALS _____

HOME BUSINESS QUESTIONNAIRE

	YES	NO
Will organized classes be held at your residence?	()	()
Will your residence provide short term rental?	()	()
Is your business a day care providing for 8 or more Children? Answer this question only if you are in the day care business, otherwise skip this question go to the next question. If you are in the day care business and provide for less than 8 children, you do not need to fill out this form and acquire a Business License in Cupertino.	()	()
Will the business provide service to minors? (Anyone under the age of 18 years)	()	()
Is your business automobile repair including paint and body work, upholstery, welding, etc.?	()	()
Is your business a barber or beauty shop?	()	()
Is your business a medical facility or other practitioner facility?	()	()
Is your business a veterinary clinic or kennel?	()	()
Is your business conducted in the garage?	()	()
If yes, will the hours be between 8:00 p.m. and 8:00 a.m.?	()	()
Will materials be stored in the garage, which would eliminate car parking?	()	()
Will materials be stored outside the residence?	()	()
Will the home business utilize front yard or driveway?	()	()
Will products be displayed on the exterior of the residence?	()	()
Will products be displayed to the general public?	()	()
Will the residence be receiving more than one delivery per day?	()	()
Will more than one vehicle be used for business purposes?	()	()
Will the business vehicle(s) be larger than a passenger auto, pickup truck or similarly sized van?	()	()
Will exterior signage be used and will the appearance of the home be modified?	()	()
Will more than one additional person, not living on the premises, be employed on the premises? (exclude employment of domestic servants, gardeners, and janitors)	()	()

To the best of my knowledge, the answers on this form are true and correct. I have been given a copy of the Home Occupation Ordinance and I agree to comply with all City Codes and Regulations.

Signature

Date