



THE TOWN OF  
CORTE MADERA  
MARIN COUNTY CALIFORNIA

**FINANCE DEPARTMENT**  
**300 TAMALPAIS DRIVE AT WILLOW AVENUE**  
**PO BOX 159, CORTE MADERA, CA 94976-0159**

APPLICATION FOR HOME OCCUPATION PERMIT AND BUSINESS LICENSE – 2017  
Phone (415) 927-6725

BUSINESS CONDUCTED FROM A RESIDENCE

**BUSINESS LICENSE NO.** \_\_\_\_\_

**HOP NO.** \_\_\_\_\_

**FILL IN ALL APPLICABLE INFORMATION:**

New     Name Change     Owner Change     Address Change

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

Name of Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Exact Nature or Kind of Business: \_\_\_\_\_

Date Started in Corte Madera: \_\_\_\_\_ Nuclear Weapons Contractor: Yes \_\_\_\_ No \_\_\_\_

Email Address: \_\_\_\_\_ Medical Marijuana Dispenser: Yes \_\_\_\_ No \_\_\_\_

State Sales Tax No. \_\_\_\_\_ Contractor's License No. \_\_\_\_\_

Federal I.D. Tax No: \_\_\_\_\_ State I.D. Tax No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

1. Amount of Gross Receipts prior year \_\_\_\_\_

2. Location within Residence where business is conducted: \_\_\_\_\_  
(e.g. bedroom, home office, etc.)

3. Hours of operations \_\_\_\_\_ 4. Number of persons employed \_\_\_\_\_  
living at the residence

5. Equipment/machinery used for this business \_\_\_\_\_  
(e.g. computer, fax, phone, etc.)

6. Location where materials/supplies are stored \_\_\_\_\_  
(e.g. bedroom, home office, off-site)

7. Are vehicles and/or trailers used for this business? Yes \_\_\_\_ No \_\_\_\_ . If yes, where are  
they to be kept when not in use: \_\_\_\_\_  
(e.g. garage)

8. Are any signs planned or existing at the home? Yes \_\_\_\_ No \_\_\_\_ . If yes, please describe,  
Location, size, wording, etc. \_\_\_\_\_  
(Must comply with Muni. Code Section 18.22.080, Signs in Residential Districts)

**PLEASE COMPLETE SIDE TWO**

9. Does this business conduct or offer Massage Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

I, the undersigned Property Owner (or Authorized Agent with a letter of approval from Property Owner stating that said Agent may Act on Owner's behalf) of the property herein described, hereby make application for approval of the Home Occupation Permit herein described, and I hereby certify that the information is a true and correct statement to the best of my knowledge and belief.

\_\_\_\_\_  
Property Owner's Printed Name

\_\_\_\_\_  
Property Owner's Signature

I, the Business Owner, acknowledge that I have read Muni. Code Section 18.08.030 (1), Home Occupations, and hereby confirm that my Home Occupation business complies with the requirements of the above said section.

\_\_\_\_\_  
Business Owner's Printed Name

\_\_\_\_\_  
Business Owner's Signature

**I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT, TO THE BEST OF MY KNOWLEDGE, THE FACTS SUPPLIED ON THIS APPLICATION ARE A TRUE AND CORRECT STATEMENT.**

**DEPOSITS OF FEES AND CHARGES:**

1.	Home Occupation Permit (Non-refundable)	\$ 100.00
2.	2017 Business License Fee (01-2017)	\$ 108.00
3.	State Fee	\$ 1.00
<b>Total Amount Due</b>		<b>\$ 209.00</b>

**NOTE: ACCEPTANCE OF THE BUSINESS LICENSE DEPOSIT DOES NOT CONSTITUTE AN EXPRESSED OR IMPLIED APPROVAL OF THIS APPLICATION. IN THE EVENT YOUR APPLICATION IS NOT APPROVED, YOUR BUSINESS LICENSE DEPOSIT OF \$108.00 WILL BE PROMPTLY REFUNDED.**

Method of Payment [ ] Cash [ ] Check [ ] Money Order [ ] Visa [ ] MasterCard

\_\_\_\_\_  
Visa/MasterCard No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only:** SIC CODE: \_\_\_\_\_

Fee Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Receipt No. \_\_\_\_\_ Visa/MC Auth. \_\_\_\_\_

**DEPARTMENT APPROVAL:** \_\_\_\_\_  
Planning Department Date: