



**HOME OCCUPATION
BUSINESS LICENSE APPLICATION**

Name of Applicant: _____

Business Name (DBA): _____

Business Address: _____ Zip _____

Mailing Address: _____ Zip _____

Business Phone: _(_____)_____ Home Phone: _(_____)_____

Description of Proposed Home Occupation: _____

Days of Operation _____ Hours of Operation _____

Number of clients/persons to be served at this site: Per Day _____ Per Week _____

I, the undersigned, agree to the following conditions applicable to the Home Occupation Permit and Business License Application.

1. The proposed occupation will not be visible from the exterior of the dwelling unit.
2. The proposed occupation will be carried on by not more than 2 persons residing in the dwelling unit.
3. The proposed occupation will be clearly incidental to the use of the dwelling for residential purposes and will not change the residential character of the dwelling of neighborhood.
4. There will be no display of products produced visible in any manner from the outside of the dwelling unit.
5. The proposed occupation will not substantially increase the pedestrian or vehicular traffic beyond that which is normal in a residential district nor in any case require parking of more than 4 vehicles at any one time.
6. The proposed occupation will not involve the use of more than one room or 20% of the habitable floor area of the dwelling.
7. Power-driven equipment requiring power demands greater than normal household equipment will not be used at the dwelling for purposes of the proposed occupation.
8. The proposed occupation will not use signs unless permitted within the zone.
9. The proposed occupation will not create a nuisance by reason of noise, odor, dust, or vibration detrimental to the occupancy of the adjoining dwellings.
10. All provision stated in the Business License Application are applicable to Home Occupation Permits.

Applicant Signature _____ Date _____

FINANCE USE ONLY

Business License No. _____

DATE _____

BUSINESS LICENSE APPLICATION

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It is unlawful for any person to transact and carry on any business, trade, profession, calling or occupation in the City of Galt without first having procured a license from the City.

Any person violating any of the provisions of Ordinance No. 77-6 or knowingly or intentionally misrepresenting to any officer or employee of the City of Galt any material fact in producing a license, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be punishable by a fine or by imprisonment, or by both such fine and imprisonment.

This business license is issued pursuant to Chapter 5 of the Galt Municipal code (GMC). Although issuance of a business license by the city is non-regulatory, possession of a valid business license does not exempt a licensee from complying with all applicable regulations of the GMC, including, but not limited to, zoning regulations and building code requirements.

Your license is due and payable on the **FIRST DAY OF JANUARY** in advance. **First owner or employee \$40.00; each additional employee \$10.** If payments are not received within thirty (30) days from due date, a penalty of 10% of license tax on last day of each month after due date will be charged. Licenses must be posted in a conspicuous place.

NOTE: You may be entitled to an exemption from the Business Tax. Exemptions are:

- Businesses exempt under State or Federal Statutes
- Charitable organizations (proof of non-profit status is required)
- Businesses conducted in home in residential zone with annual gross receipts of \$1,000 or less (Schedule C may be required)
- Owner or Partner who has been honorably discharged from one of the United States armed services (Form DD214 required)
- Farmers, poultry men, or horticulturists who sell exclusively their own products

Owner's Name _____

Owner's Home Address _____

Business Name _____

Business Address _____

City _____ State _____ Zip _____

Work Phone No. _____ Home Phone No. _____

Federal I.D. No. or Social Security No. _____ Driver's License No. _____

State Board of Equalization Permit No. _____ No. of Employees including Owner _____

Type of Business _____

PLEASE COMPLETE ALL INFORMATION LISTED ABOVE. _____

SIGNATURE

ACCEPTANCE CHECK LIST FOR CITY OF GALT BUSINESS LICENSE

A deposit in the amount of **\$30.00** is required prior to departmental review, of which a portion or all may be returned dependent on the level of service rendered. The deposit amount required on home occupation (HO) businesses will be \$10.00, since a building inspection is not required.

It is your responsibility to set up appointments with the departments listed below.

Please note: the above deposited amount is separate and distinct from the amount required to secure a business license.

11. Planning Department 01----3464 APPROVED _____ DENIED _____
(209) 366-7230
\$10.00
Comments: _____

12. Building Department 01----3224 APPROVED _____ DENIED _____
(209) 366-7200
\$20.00 (Home Occupancy Exempt)
Comments: _____

13. Fire Department APPROVED _____ DENIED _____
(916) 405-7100
Not Collected by City
Comments: _____

14. Health Department APPROVED _____ DENIED _____
(916) 875-8440
When Food Applied
Comments: _____
