



City of Temple City
Community Development Department

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____
Corporation Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____ Fax: _____
Email: _____ Website: _____
Business Description: _____

ADDITIONAL INFORMATION

Type of Ownership: Sole Proprietor _____ Partnership _____ LLC _____ Corporation _____
Federal ID Number/SSN: _____ State Employee ID Number: _____
State License: _____ Type: _____ Expiration: _____
Sellers Permit: _____ Employees Over 20 Hours: _____

OWNER INFORMATION (ATTACH LIST FOR ADDITIONAL OWNERS)

Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____
Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____

PROPERTY OWNER INFORMATION

Name/Management Company: _____
Address: _____
Phone Number: _____ Email: _____
Signature: _____

DISABILITY ACCESS INFORMATION

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS RESPONSIBILITY THAT APPLIES TO ALL CALIFORNIA BUILDING OWNERS AND TENANTS WITH BUILDINGS OPEN TO THE PUBLIC. YOU MAY OBTAIN INFORMATION ABOUT YOUR LEGAL OBLIGATIONS AND HOW TO COMPLY WITH DISABILITY ACCESS LAWS BELOW:

DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/home.aspx **DEPARTMENT OF REHABILITATION:** www.rehab.cahwnet.gov/ **CALIFORNIA COMMISSION ON DISABILITY ACCESS:** www.cdda.ca.gov

CONDITIONS OF AGREEMENT

A Business License is issued to the business owner providing a proposed use is permitted and all general requirements, applicable regulations, and conditions of approval are satisfied. A business must carry a valid Temple City Business License prior to operation. All approved Business Licenses are subject to any applicable requirements pursuant to the Temple City Municipal Code (TCMC). The Business License expires December 31st of each year. A courtesy renewal notice will be sent however, fees are still due even if the notice is not received. Failure to pay an annual license tax when due, the license collector shall add a penalty of ten percent of said license tax on the thirtieth day of each month after the due date thereof.

Initial here _____

Under the provisions of Section 3700 of the California Labor Code, I am required to carry Workers Compensation insurance for my employees at all times. I hereby certify that I will carry Workers Compensation insurance for my employees at all times.

Initial here _____

I understand that all business sites are required to abide by the requirements set forth in TCMC such as but not limited to the following: post no smoking signs (TMC Section 3-2C) at the business site, be free of chipped/stained paint, maintain adequate landscaping, be free of trash and debris, and maintain your business site in a clean and orderly manner. All businesses are subject to reevaluation by the City at any given time. Should the City make the findings that any given business is in violation of TCMC, a Community Preservation Officer carries the authority to issue a Notice of Code Violation or citation if deemed necessary regardless of business license status.

Initial here _____

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the certificate applied for, I must agree to submit any additional information that may be required; conduct all phases of this business in accordance with regulations established for such business and to maintain all personnel, vehicles, and/or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Initial here _____

Signature: _____

Date: _____

Name (*print or type*): _____

Phone: _____

FOR OFFICE USE ONLY

Business License: \$ _____	Amount Received: \$ _____	Planning: _____
Employee/Owner: \$ _____	Payment Type: _____	Building & Code: _____
Background: \$ _____	Receipt: _____	Business License: _____
CAsp Fee: \$ 4.00 _____	Date: _____	Comments: _____
Total: \$ _____	File/Resolution: _____	_____

TO: PLANNING DEPARTMENT

DATE: _____

FROM: _____
Business Name

SUBJECT: APPLICATION FOR A HOME OCCUPATION BUSINESS LICENSE

I, _____, a resident of
Name

_____, Temple City, do
Address

hereby make an application for approval of a Home Occupation. I am familiar with City Code Requirements, and understand them. If my property is deemed to not adhere to the conditions listed below, I will be reimbursed for the business license fee and understand that the processing fee is nonrefundable. I hereby certify that I do now comply and will continue to comply with these regulations as long as I have a business in my home.

Signature

CITY CODE REQUIREMENTS:

- A. There is no display or storage of goods, wares, merchandise or stock in trade maintained on the premises;
- B. There is not more than one person regularly employed in such occupation;
- C. There is no equipment used in conjunction with such occupation, which emits, dust, fumes, noise, order, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties;
- D. There is not more than 200 square feet of floor space of the dwelling devoted to such use;
- E. There is no appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation, calling or profession;
- F. There is no alteration of the structure;
- G. There is no use of any sign not otherwise permitted in the zone in which the occupation is located.



City of Temple City

BUSINESS LICENSE CHECKLIST

THIS CHECKLIST WILL BE USED BY STAFF TO DETERMINE IF AN APPLICATION CONTAINS THE APPROPRIATE REQUIREMENTS TO BEGIN THE APPLICATION PROCESS. ALL ITEMS LISTED BELOW MUST BE INCLUDED. IF ANY ITEMS ARE NOT INCLUDED THE PROJECT WILL NOT BE ACCEPTED FOR SUBMITTAL.

MINIMUM APPLICATION FILING REQUIREMENTS

- Completed *Business License Application*
- Form 30 - Stamped by Los Angeles County Fire Prevention
- Proof of business name - Los Angeles County Recorder's Office, 12400 Imperial Hwy. # 1201, Norwalk (800) 201-8999, www.lavote.net and/ or Articles of Incorporation, www.ca.gov
- Copy of Lease Agreement
- Proof of account with Athens Services
- Applicable Filing Fees
- No smoking signs

MINIMUM APPLICATION FILING REQUIREMENTS FOR CERTAIN BUSINESSES

- Seller's Permit – California Department of Tax and Fee Administration (CDTFA), 1521 W. Cameron, #300, West Covina (626) 480-7200, www.cdtfa.gov
- Background Investigation - Live Scan Request Form and Personal Information Form
- Compliance Report for Dental Dischargers – Industrial Waste Section, 1955 Workman Mill Rd. Whittier CA 90601

REQUIRED STEPS

1. Verify zoning, and check if business is a "Permitted Use", a "Conditional Use" or "Not Permitted" for the address of interest prior signing a lease agreement.
2. Gather information regarding type of business, required applications, and paperwork from the Planning Division.
3. Submit a Business License Application, Sign Application (Commercial), and additional required paperwork.
4. Schedule a Business (Home/Commercial) and Sign (Commercial) Inspection.
5. Approval of Business License will be sent by mail if approved and all conditions have been met.

BUSINESS LICENSE FEE SCHEDULE

Below is a sampling of fees for commonly issued business licenses.
All licenses are issued for a calendar year, January through December.

MANUFACTURERS, PROFESSIONALS, RETAILERS, SERVICES, WHOLESALERS

Flat Fee	\$77.00
Processing Fee (one-time fee)	\$328.00
Processing Fee (Regulated - one-time fee)	\$535.00
Owners/Partners/Managers/Employees (per person)	\$8.45

HOME OCCUPATIONS

Flat Fee	\$66.00
Processing Fee (one-time fee)	\$139.00

AUTO REPAIR SHOP

Flat Fee	\$113.00
Processing Fee (one-time fee)	\$328.00

BUSINESSES BY VEHICLE

Flat Fee	\$77.00
Processing Fee (one-time fee)	\$29.00
Per Vehicle	\$8.45
Per Owner/Driver (Sheriff's fee)	\$89.00

CONTRACTORS

Flat Fee	\$88.00
Processing Fee (one-time fee)	\$29.00

INDEPENDENT SERVICE PROVIDER

Flat Fee	\$38.00
Background Investigation (if applicable)	\$89.00
Processing Fee (one-time fee, if applicable)	\$235.00

PRIVATE SCHOOLS / TUTORING INSTITUTIONS

Flat Fee	\$188.00
Processing Fee (one-time fee)	\$328.00

ADDITIONAL INFORMATION

Chamber of Commerce
5938 Kauffman ., Temple City
(626) 286-3101
www.templecitychamber.org

Los Angeles Economic Development Corporation
Resources for Business Assistance, Retention, Expansion
(213) 622-4300; www.laedc.org

Small Business Development Center
330 N. Brand St. #1200 Glendale, CA
(818) 552-3201; www.sba.go

Dept. of Human Resources and Development
State Disability and Employment Insurance
888 S. Figueroa St. #200 Los Angeles CA
(800) 480-3287; www.edd.ca.gov

Partners for Progress Work-Source Center (SASSFA)
10400 Pioneer Blvd., #9, Santa Fe Springs, 90670
(562) 946-2237; www.sassfa.org

VEDC
Small Business California Loan Program
5121 Van Nuys Blvd. 3rd Floor, Van Nuys
(818) 907-9977; www.vedc.org