



CITY OF PICO RIVERA

P.O. Box 1016, 6615 PASSONS BLVD.
PICO RIVERA, CALIFORNIA 90660-1016

Business License Application

MUST BE COMPLETED IN FULL • PLEASE PRINT OR TYPE

PLEASE CHECK APPLICATION STATUS: [] New Business [] Change of Location [] Change of Ownership [] Change of Business Name
[] Retailer [] Wholesaler [] Manufacturer [] Service [] Professional [] Contractor [] Specialty [] Other

Business Name/D.B.A.

Business Address:

Mailing Address: Street City State ZIP

If different from above Street City State ZIP

Business Telephone No.: () Emergency Telephone No.: ()

Owner/Officer of Business: Title: e-mail:

Home Address:

Home Telephone No.: () Calif. Driver's Lic. No.:

Social Security No.: Date of Birth: No. of Employees:

Federal Emp. I.D. No.: State Sales Tax Permit No.:

Date You Started This Business in Pico Rivera: State Emp. I.D. No.:

Describe Nature of Business in Detail:

Prior Business at this Location:

Other Businesses at this Location Using Same Address:

Owner of Building:

Owner's Address and Telephone No.: ()

This Business is Owned by an: (Please check one.) [] Individual [] Partnership [] Corporation [] Trust

If a Partnership, Corporation or Trust, provide the following on all principal officers. Please attach names of additional officers.

Name: Name:

Title: Title:

Home Address: Home Address:

Home Telephone No.: () Home Telephone No.: ()

Calif. Driver's Lic. No.: Calif. Driver's Lic. No.:

Complete the following when applicable:

State Contractor's No.: Class: Expiration Date:

Name and Address of Job Location:

General Contractor shall furnish a list of all Subcontractors to our office for each and every Building Permit. Failure of Subcontractors to obtain a Business License may hold up final inspection.

Office Use Only:

License No. Class Type Cycle
Open Date in District Exp. Date Received by
License \$ Cert. Of Occ./Home Occ. Payment Date & Receipt No.

CONTINUED ON REVERSE SIDE

Business License Fee Schedule

Chapter 5.12 Business, Professions and Trades (Based on Statement of Gross Receipts):

Please LIST Estimated Gross Receipts (ALL ACCOUNTS ARE SUBJECT TO AUDIT) \$

Annual Registration Fee	\$	50.00
New/Moved Processing Fee	\$	88.00
Plus: Gross Receipts from \$0 to \$500,000— @\$0.50 per \$1,000	\$	
Plus: Gross Receipts from \$500,001 to \$100 Million— @\$0.30 per \$1,000	\$	
Plus: Gross Receipts from \$100,000,001 to \$1 Billion— @\$0.26 per \$1,000	\$	
Plus: Gross Receipts from \$1,000,000,001 to \$5 Billion— @\$0.15 per \$1,000	\$	
Plus: Gross Receipts over \$5 Billion— @\$0.13 per \$1,000	\$	
Prior Year Adjustment (if applicable)	\$	
Penalty if Delinquent (10% for each 30 days of delinquency) + \$20.00 Delinquent License Fee	\$	

TOTAL FEE \$

Chapter 5.12 Restaurants, Drive-In Restaurants, Take-Out Restaurants, Beer Bars (Based on Statement of Gross Receipts):

Please LIST Estimated Gross Receipts (ALL ACCOUNTS ARE SUBJECT TO AUDIT): \$

Annual Registration Fee	\$	100.00
New/Moved Processing Fee	\$	88.00
Plus: Gross Receipts in Excess of \$24,000— @\$0.50 per \$1,000	\$	
Prior Year Adjustment (if applicable)	\$	
Penalty if Delinquent (10% for each 30 days delinquency) + \$20.00 Delinquent License Fee	\$	

TOTAL FEE \$

NEW/MOVED PROCESSING FEE	\$	88.00
REPLACEMENT LICENSE FEE	\$	59.00
AMUSEMENT GAMES, RIDES AND BOOTHS, Each	\$	50.00
APARTMENT, HOTEL AND MOTEL— Three to 10 Units	\$	75.00
For Each Additional Unit	\$	5.00
AUTO WRECKERS	\$	300.00
Plus Percentage per \$1,000 of Gross Receipts over \$500,000	\$	
** BILLIARD OR POOL HALLS-- For the First Table	\$	100.00
For Each Additional Table	\$	5.00
BOWLING ALLEY- For the First Alley	\$	50.00
For Each Additional Alley	\$	12.00
* CARNIVAL, **CIRCUS OR RODEO per day	\$	150.00
CARNIVAL RIDES	\$	15.00
DELIVERY— Per Vehicle	\$	45.00
ENTERTAINMENT (Adult)	\$	500.00
** ENTERTAINMENT (Dancing/No Food)	\$	500.00
** ENTERTAINMENT (Dancing/With Food)	\$	300.00
JUKE BOX	\$	50.00
JUNK COLLECTORS	\$	100.00
Plus per Vehicle Operating in Pico Rivera	\$	75.00
* PAWNBROKERS— Plus Percentage of Gross Receipts over \$500,000	\$	300.00
* PRINCIPAL SOLICITORS/MOBILE VENDORS (Catering Trucks and Ice Cream Trucks)	\$	250.00
Plus I.D. Card Each Year for Each Employee	\$	5.00
RUBBISH, WASTE and GARBAGE	\$	400.00
Plus per Vehicle Operating in Pico Rivera	\$	50.00
SECOND HAND DEALERS and JUNK DEALERS	\$	300.00
Plus Percentage per \$1,000 of Gross Receipts over \$500,000	\$	
THEATERS (Drive-in)	\$	700.00
THEATERS (Walk-in)	\$	500.00
TRAILER PARKS-- For the First 5 Spaces	\$	75.00
For Each Additional Unit Above 5	\$	8.00
VENDING MACHINES-- Each, Plus 1% of Gross Receipts	\$	1.00
WAREHOUSE/STORAGE/COST OF OPERATION	\$	50.00
Plus \$0.50 per \$1,000 of Cost of Operation	\$	

TOTAL FEE \$

* Regulatory Permit Required	\$	60.00
** Special Business Regulatory Permit Required	\$	420.00
Certificate of Occupancy (From Planning Division)	\$	155.00
Home Occupation (From Planning Division)	\$	150.00

TOTAL FEE \$

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO LET THE CITY KNOW OF ANY CHANGES, INCLUDING, BUT NOT LIMITED TO: ADDRESS, OWNER INFORMATION AND WHETHER THE BUSINESS IS ACTIVE OR INACTIVE. 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 AGREE TO SUBMIT ANY ADDITIONAL INFORMATION THAT MAY BE REQUIRED: CONDUCT ALL PHASES OF 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.

DATE _____ **SIGNATURE OF BUSINESS OWNER** _____
PLEASE RETURN THIS APPLICATION ALONG WITH YOUR FEES TO CITY HALL. MAKE ALL CHECKS PAYABLE TO THE CITY OF PICO RIVERA. THE AMOUNT TO BE PAID IS SHOWN ON THE ABOVE FEE SCHEDULE. IF YOU HAVE ANY QUESTIONS, CALL THE REVENUE DIVISION AT (562) 801-4320. THANK YOU FOR HAVING YOUR BUSINESS IN THE CITY OF PICO RIVERA.



HOME OCCUPATION APPLICATION

Department of Community Development

6615 Passons Boulevard P.O. Box 1016 Pico Rivera CA 90660-1016
Planning Division: (562) 801-4332 Building Division: (562) 801-4360
Neighborhood Services: (562) 801-4332 Fax: (562) 949-0280

FEE _____ APPLICATION NO. _____

Applicant (Please PRINT Name) _____

Company Name _____ Home Phone _____

Address of Home Occupation _____

Zone Classification _____

Describe the nature of business to be conducted from the residence:

Describe any vehicle/s to be used in the business, including approximate weight and storage location:

Will there be employment of help other than the members of the resident family?

Will there be any use of materials or mechanical equipment not recognized as being a part of normal household or hobby uses?

Will there be any sale of products or services from the premises?

Will the home occupation create pedestrian or vehicular traffic other than normal to a single family residential use?

Will there be any storage of materials or supplies either indoors or outdoors?

Will there be any advertising signs or structures?

Will more than one room in the dwelling be used for the home occupation?

Will the single family residential character of the main building or of said premises be altered by said use or occupancy?

Will there be any use of utilities or community facilities beyond that normal to the use of the property for residential purposes?

If any of the above questions are answered "Yes," please explain below:

Yes	No

The above answers are true to the best of my knowledge and I understand that any violation of the regulations governing a Home Occupation will be sufficient reason to revoke the Home Occupation Permit and Business License, and continued operation thereafter may be a misdemeanor.

Signature of Applicant _____ Date _____

Signature of Property Owner _____ Date _____

or: Manager/Association Representative's Signature _____ Date _____

A review of the application and inspection of the premises will be conducted to determine qualification.

FOR DEPARTMENT USE ONLY

RECEIVED BY _____ DATE _____

DECISION _____ DATE _____

Appl. No. _____ Address _____ Type of Business _____

Print Applicant's Name _____ Approved By _____ / _____
Date

CONDITIONS OF APPROVAL FOR HOME OCCUPATION APPLICATIONS:

As outlined on your application, there are certain rules under which a Home Occupation Permit may be approved. If you do not comply with these regulations (Chapter 18.52 of the Pico Rivera Municipal Code), it will result in cancellation of the Home Occupation Permit and revocation of your Business License.

- 1) The applicant must apply for and keep current a City Business License.
- 2) No signs or other advertising of any form or nature whatsoever, shall be displayed anywhere on the premises in connection with a Home Occupation.
- 3) Said Home Occupation Permit shall only be applicable and remain in effect so long as the applicant is a resident of the premises for which such permit is issued and shall not be transferable to any other person or property.
- 4) The operation of the Home Occupation Permit shall be limited to only the residents of the premises for which such permit is issued and shall not engage more than three (3) such resident persons.
- 5) There shall be no on premise sales, displays, or consultation except by phone or mail, nor shall there be on premise manufacturing, fabrication or processing.
- 6) All operations of the Home Occupation shall be conducted entirely within the inside of a dwelling and shall not exceed the use of more than 15% of the ground floor of the dwelling used.
- 7) No area outside the dwelling shall be used for the Home Occupation in any manner whatsoever except for one vehicle, not exceeding 6,000 pounds, used in connection with the operation of the home occupation; vehicle to be completely stored within garage.
- 8) No customers or clients are to come to the residence.
- 9) There shall be no use of utility or community facilities beyond that reasonable to the use of the property for residential purposes.
- 10) No interior or exterior alterations or remodeling of any type whatsoever shall be permitted in connection with a Home Occupation.
- 11) This approval is not transferable.

I have read and understand the conditions of approval and agree to comply with these provisions.

Signature of Applicant _____ Date _____

cc: Revenue Division
Address File