

CITY OF ROSEMEAD
8838 E. Valley Blvd., Rosemead, CA 91770
(626) 569-2100 • Fax (626) 307-9218
Home Business License Application

Name: _____ Address: _____

Business Name: _____ Email: _____

Phone Numbers: (Business) _____ (Cell) _____

Professional License _____ Professional Lic. Number _____

Professional Lic. Exp. Date _____ Driver License Number _____

Business Description: _____

Alternate Contact Person (Must List One Person)

Name: _____ Relationship _____

Phone Number: _____ Email: _____

Property Owner Information

Name: _____ Address: _____

Phone Number: _____ Email: _____

Will any equipment be used on site, or installed at the home? Yes No

If yes, explain: _____

Will the business be conducted in the home or garage

REQUIRED DOCUMENTS

- 1 Fictitious Business Name (sole proprietor) or Statement of Information (Corp, LLC, etc.)
- 2 Site Plan/Floor Plan
- 3 Proof of Residency Property Owner Renter
If Property Owner
 - a) Copy of either the Grant Deed or most recent Property Tax Bill
 - b) Photo IdIf Renter
 - a) Copy of either the owners Grant Deed or most recent Property Tax Bill
 - b) Lease contract signed by owner, or letter from owner to state month to month
 - c) Photo Id
- 4 Professional License (where applicable) and/or Seller Permit

*** Do not answer or disclose to any questions(s) if the following apply: minor traffic infractions and convictions for which the record has been sealed or expunged; any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and misdemeanor convictions for marijuana-related offenses more than two (2) years old.**

Have you ever been convicted (including a plea of guilty or no contest which resulted in a criminal conviction) of a crime? (Exclude misdemeanor convictions for marijuana-related offenses more than two (2) year old: Notwithstanding any of the preceding, you should not disclose convictions that are over two (2) years old as of the date that you complete this application for violation of health and safety code sections 11357, 11360, 11364, 11365, or 11550, as those statutes relate to marijuana prior to January 1, 1979 or a statutory predecessor to those statutes).

No Yes

IF YOU ANSWERED "YES" TO THE ABOVE QUESTION, PLEASE PROVIDE A WRITTEN EXPLANATION AS TO THE FACTS AND DATES SURROUNDING YOUR ANSWER:

CERTIFICATE OF APPLICANT: "I certify that all statements made in this application and attachments are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application will subject me to disqualification or revocation of the license issued. I understand also that I am required to abide by all the rules and regulations of the City of Rosemead."

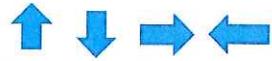
Signature of Business Applicant

Date

Signature of Property Owner

Date

SITE PLAN/FLOOR PLAN
Indicate North (Circle The Appropriate Arrow)



A large, empty rectangular box with a black border, intended for drawing a site plan or floor plan.

Street Name _____

Total Square Feet of Structure(s) _____ Total Square Feet of Area to be Used for Business _____

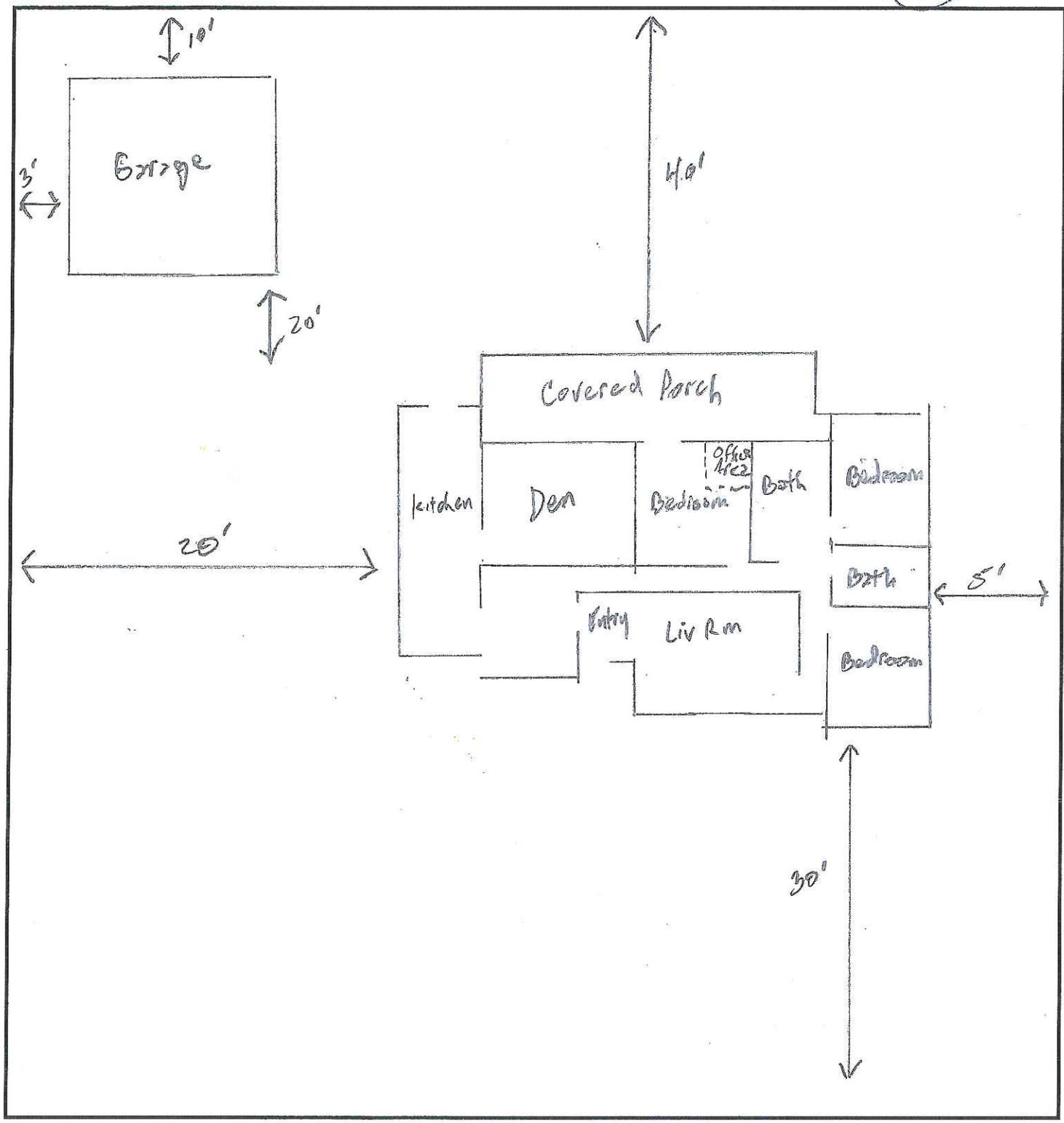
For Office Use Only

Zone _____ Date _____ Signature _____

NOTES:

EXAMPLE

SITE PLAN/FLOOR PLAN
Indicate North (Circle The Appropriate Arrow)



Street Name My Street

Total Square Feet of Structure(s) 1,600

Total Square Feet of Area to be Used for Business 30

For Office Use Only

Zone _____ Date _____ Signature _____

NOTES:
