



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 – 2010
Phone (415) 927-6725 Fax (415) 927-5087
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: _____

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 in Residence where business is conducted: _____
3. Hours of operations _____ 4. Number of persons employed _____
5. Equipment/machinery used for this business _____
6. Location where materials/supplies are stored _____
7. Are vehicles and/or trailers used for this business? Yes _____ No _____. If yes, where are they to be kept when not is used: _____
8. Are any signs planned or existing at the home? Yes _____ No _____. If yes, please describe, Location, size, wording, etc. _____

PLEASE COMPLETE SIDE TWO

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

I, the undersigned 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 _____

Business Owner's Printed Name _____ Business Owner's Home Phone _____

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.	2010 Business License Fee (01-2010)	\$ 91.50
Total Amount Due		\$ 191.50

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 \$91.50 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:

1. _____	2. _____	3. _____
Building Dept. Date	Planning Dept. Date	Fire Dept. Date

Business Name: _____

Notice to Applicant: The completion of this page is entirely **optional**. You do not need to complete this page to be issued a business license. You should only complete this page if you would like information from your application to be placed on the Town Internet website. If you sign the signature line below, you will be agreeing to have the information indicated by the boxes that you have checked placed on the Town Internet website for the general public to view under the terms and conditions set forth below.

If you do not wish to have any information listed below placed on the Town Internet website or you do not agree to any of the terms and conditions set forth below, do not complete this form.

AUTHORIZATION TO POST INFORMATION ON TOWN INTERNET WEBSITE AND RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

I, the undersigned Owner or Principal Officer of the business and/or property herein described, hereby give my permission to the Town of Corte Madera to place on the Town's Internet website the following information that I have indicated by the boxes checked below:

- Full Name of Business**.....
- Street Address**
- Mailing Address (If Different)**
- E-Mail Address**.....
- Business Phone Number**

I understand that by my signature below I am authorizing the Town to place all of the items of information selected above on the Town of Corte Madera Internet website where all such information will be accessible to any member of the public.

I further understand that if my business is being conducted from my residence and I have checked the box next to "street address" above, then my residential address will be posted on the Town Internet website and will become accessible to any member of the public visiting the Town Internet website.

I hereby RELEASE, WAIVE, INDEMNIFY, and HOLD the Town, its officers, employees, and agents HARMLESS from any and all claims, causes, damages, demands, disability, losses or expenses (including attorneys' fees and expert witness fees), of any nature or kind whatsoever, in connection with the posting, release, and/or dissemination of the information authorized by my signature below.

Applicant's Signature: _____

Applicant's Printed Name: _____

Date: _____