



**APPLICATION FOR CITY OF RANCHO CORDOVA  
HOME BASED BUSINESS LICENSE**

2729 PROSPECT PARK DRIVE – RANCHO CORDOVA – CA – 95670  
(916) 851-8737 – (916) 851-8787 FAX  
[businesslicense@cityofranhocordova.org](mailto:businesslicense@cityofranhocordova.org)

<b>Office Use Only:</b>	Date _____	Can your business be operated from your home? Call the City of Rancho Cordova Planning Department to verify that the proposed business use is allowed under City Zoning Code. <b>Call (916) 851-8750 to be sure!</b>
Master License # _____	DOJ Check: Y ___ N ___	
General License # _____	AC _____	
Special License # _____		
ID # _____		

Date of Application \_\_\_\_\_ Month/Year business will start \_\_\_\_\_

Type of Business: Corporation  LLC  Sole Proprietorship  Partnership

Owner(s) name \_\_\_\_\_ Tax ID or SSN # \_\_\_\_\_

Business Name (DBA) \_\_\_\_\_

Business Location Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Emergency # ( ) \_\_\_\_\_  
(Must be different from business phone)

Email address \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_

Describe the activities of your business  
(Include type of product, services, etc.) \_\_\_\_\_

**Please be specific.**

\_\_\_\_\_  
\_\_\_\_\_

**HOME BASED BUSINESS DESCRIPTION**

Will your home be used to conduct all or part of your business? [ ] YES [ ] NO

I acknowledge I have read the "Home Occupation Restrictions" \_\_\_\_\_  
Located in the City of Rancho Cordova Zoning Code Title III, Chapter 5 Signature Required if "YES"

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct:

\_\_\_\_\_  
(Clearly) Print Name

\_\_\_\_\_  
Signature

**SECTION II**  
**PLEASE ANSWER ALL QUESTIONS**  
**“YES” REQUIRES A SPECIAL BUSINESS LICENSE**

**FEE SCHEDULE:**

**GENERAL LICENSE / RENEWAL - \$100.00 (includes State SB 1186 fee) LATE FEE - \$20.00**  
**SPECIAL LICENSE/ RENEWAL - \$215.00 (includes background check fee of \$32.00)**

**Please note that the State of California enacted SB 1186, which, effective January 1, 2013, requires us to collect an additional \$1.00 with each new business license or business license renewal. The \$1.00 will be used by the State and the City to facilitate compliance with the Federal Americans with Disabilities Act of 1990.**

YES

NO

**SBL  
OFFICE  
USE ONLY**

1. CONCEALABLE FIREARMS OR GUNPOWDER			<b>X</b>
2. DANCING TO WHICH THE GENERAL PUBLIC IS INVITED			<b>X</b>
3. POOL TABLES OR BILLARDS IF YES, HOW MANY TABLES? _____			<b>X</b>
4. STORAGE OF AUTOMOBILES If so, please explain: _____			<b>X</b>
5. AUTOMOBILE DISMANTLING REPOSSESS AUTOMOBILES, WRECKING YARD, TOWING, USED AUTO PARTS, MOBILE AUTO REPAIRS, CAR WASHING OR DETAILING			<b>X</b>
6. MOTORCYCLE/AUTO SALES, INCLUDING NEW AND USED PARTS			<b>X</b>
7 CIRCUS, CARNIVAL OR PETTING ZOO			<b>X</b>
8. BUY OR SELL METAL, INCLUDING PRECIOUS AND SCRAP METALS			<b>X</b>
9. OPERATE A BOOTH IN A FLEA MARKET OR BAZAAR			<b>X</b>
10. OWN, OPERATE OR WORK AS AN INDEPENDENT CONTRACTOR FOR A PRIVATE SECURITY COMPANY			<b>X</b>
11. TAXI CAB SERVICES			<b>X</b>
12. CARD ROOM IF YES, HOW MANY TABLES? _____			<b>X</b>
13. MOBILE FOOD SALES			<b>X</b>
14. HOME REPAIR/LANDSCAPING/ HOUSE CLEANING SERVICES (Services relating to maintenance, repair or installation of <u>occupied</u> residences, either inside or outside)			<b>X</b>
15. ADULT RELATED ACTIVITIES such as ESCORT SERVICE , MODELING STUDIO OR SERVICE			<b>X</b>
16. HAULING OF RUBBISH, INCLUDING COMMERCIAL LOT CLEANER, NOT REGULATED BY SAC REGIONAL SOLID WASTE AUTHORITY			<b>X</b>
17. MASSAGE - <b>THERAPISTS MUST PRESENT VALID CAMTC CERTIFICATION</b> <a href="https://camtc.org/">https://camtc.org/</a>			<b>X</b>
18. ANTIQUE DEALERS			<b>X</b>
19. BINGO GAMES, ORGANIZATIONS, BINGO PARLORS, BINGO SUPPLIERS			<b>X</b>
20. JANITORIAL, HOUESCLEANING, CARPET CLEANING OR SIMILAR BUSINESS			<b>X</b>
21. DAYCARE If “YES” How many children will attend? _____			
22. WHAT WILL BE THE AVERAGE NUMBER OF CLIENTS/CUSTOMERS VISITING THE BUSINESS LOCATION DAILY? <b>(HOME BASED)</b>			
23. DESCRIBE WHAT TYPE OF SUPPLIES, MECHANICAL/ELECTRICAL EQUIPMENT AND / OR TOOLS THAT WILL BE USED. <b>(HOME BASED)</b> _____ _____ _____ WHERE ON THE PREMISES WILL THEY BE STORED? _____			
24. WILL TRUCKS, TRAILERS OR OTHER EQUIPMENT BE USED IN YOUR BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO  If “YES”, what is the vehicle or equipment type (s)? _____  How many vehicles: _____ Does the vehicle exceed 1 ton carrying capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where will the vehicle be stored when not in use (business name and/or address)? _____			

**ALL LICENSE FEES ARE NON-REFUNDABLE – THIS APPLICATION IS PUBLIC RECORD**