



City of Dixon
Community Development Department
600 East A Street, Dixon CA 95620
Tel: (707) 678-7000 Fax: (707) 678-0960

For office use only:

No. _____ Date _____

Fee _____ Rec# _____

Business License No. _____

By _____

HOME OCCUPATION PERMIT APPLICATION

Please read the City of Dixon Zoning Ordinance 18.30 governing Home Occupations. A City Business License shall be obtained concurrent with the Home Occupation Permit. Please check the CC&R's for your subdivision as some subdivisions prohibit home occupations or have additional regulations. City of Dixon does not govern CC&R's. By signing this application, you agree to read and comply with all City of Dixon Home Occupation Regulations. This application shall be accompanied by a non-refundable \$167 one-time fee.

Applicant Information

Applicant Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Property Owner Information:

Property Owner: _____

Property Owner Address: _____

Home Phone: _____ Cell Phone: _____

Site Information:

Property Address/Location: _____

Parcel Number(s): _____ Zoning: _____

Project Information:

Name of Business: _____

Detailed Description of Proposed Home Occupation Business: _____

Application continued on reverse side.

Project Information: (Continued)

Describe the products made or sold and/or services performed: _____

Estimated number of hours of operation each day each week: _____

Describe any deliveries to your address of products, materials, or equipment for the business:

Make/Model/License no. of vehicles to be used: _____

Will you be using a trailer for your business? If yes, license #: _____

What part of your dwelling will be used for the Business?: _____

Describe any business-related storage and amount of materials and/or supplies:

Indoor: _____

Outdoor: _____

List any equipment/tools to be used:

List any license required by the State of California to conduct your business (Resale License, Contractor's License, ABC License, etc.): _____

List names and addresses of partners: _____

List number of employee(s), if any: _____

I, _____, do hereby certify that I am the owner/operator of the subject Home Occupation and that failure to comply with Dixon Zoning Ordinance Section 18.30 or any other conditions of approval may cause revocation of this permit.

Signature of Applicant

Date

Signature of Property Owner

Date

(If Applicant is not the Property Owner, Property Owner must sign application or submit a letter of consent to City Hall.)