



HOME OCCUPATION QUESTIONNAIRE

Business Name: _____

Address: _____

City, State Zip: _____

Account No. (If known): _____

Please provide a detailed explanation as to the nature of the home occupation and what business activities will occur at the site.

- **Per Sections 18.08.300 and 18.16.065 of the Larkspur Municipal Code, the following conditions must be agreed to in order for a home occupation to be approved. Read the conditions carefully, and initial the line provided if the proposed business would comply with the condition.**

1. I, the sole operator of the home occupation, attest that I reside at the dwelling where the home occupation will be conducted. _____

2. There will be no more than one (1) assistant employed by the home occupation at my residence at any time, and no more than one (1) client, patient or student will be on the premises at one time. _____

3. Materials or equipment related to the home occupation will not be stored anywhere outside of my dwelling, and any storage of materials in a garage will not reduce the number of available parking spaces on my property. _____

4. This home occupation will not involve any type of business conducted outside my dwelling on the premises at any time. _____

- **Please sign your name below only if all the conditions above have been agreed to.**

I, the sole operator of the proposed home occupation, agree to ALL of the conditions outlined above and attest that the proposed home occupation will be compliant with the Larkspur Municipal Code (LMC).

Signature of Applicant

Date

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- Staff may sign and approve the business license application only if the applicant has agreed to all the above conditions, and has signed above.