

New Application

Renewal



## Town of Hillsborough Home Business Permit Application

- Processing time for home business license is 30 days – Please complete all fields
- Annual Permit Fee is \$129.00 (\$125.00 application fee plus \$4.00 SB1186 / DISABILITY ACCESS FEE)
- Business License is valid from July 1, 2021 and expires June 30, 2022
- Application and fee (check or cash only) may be brought in, or mailed to:  
*Finance Department, Town of Hillsborough, 1600 Floribunda Avenue, Hillsborough, CA 94010*
- Questions about obtaining a license, call (650)375-7402

Applicant Information	
Business Name	
Applicant's Name	
Street Address	
City ST ZIP Code	
Mailing Address (if different)	
E-Mail Address	
SIC Code/WDID, NONA, NEC	
Phone Number	

Property Owner's Consent (if different than applicant)	
I, property owner of _____, authorize submittal of this business application.	
Date signed	Property Owner's Signature

Business Information	
1. Describe the business	
2. Number of Employees:	_____ Family Members/Resident      _____ Other than Resident
Describe responsibilities and/or services/ work hours	
3. Types of materials, tools, machinery (if any) will be used for this business	
4. Type of solvents, paints, resins, corrosives or other chemicals (if any) will be used in this business	
5. Number of people visiting this site each week to deliver or collect items (Describe types of vehicles and types of deliveries)	
6. Will the sale of goods or services occur at this address? If yes, provide full description of transaction (e.g. weekly meetings with clients, etc.)	

<b>7. Number of Vehicles</b>	
___ # of Vehicles used for business	<i>Type of Vehicles:</i>
___ # of Vehicles parked during business hours	
___ # of Vehicles parked during the night	

**8. How will this business be advertised?**

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I certify under penalty of perjury that I/we have read the Town of Hillsborough Home Business Provisions attached to this application and will operate this business in compliance with same. The owner/s of the property (if different than applicant) have authorized this business application. Any changes to the information provided herein must be reported to the Finance Department at Hillsborough Town Hall. I consent to allow Town personnel to enter the above-described premises at reasonable times to verify compliance with applicable laws. I understand that violation of any applicable section will result in immediate revocation of the permit and the issuance of a court citation.

Name (printed)	
Signature	
Date	

*Office Use Only*

**Finance Routing Checklist**

Fire       Police       Planning       Other \_\_\_\_\_

Date Received: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Received By: \_\_\_\_\_

**Fire Dept. Approval**

Approved       Approved, with conditions       Denied

**Conditions/Reason for denial**

Signature/Date

**Police Code Enforcement Approval**

Approved       Approved, with conditions       Denied

**Reason for denial**

**Approved with conditions**

Signature/Date

**Planning Dept. Approval**

Approved       Approved, with conditions       Denied

**Conditions/Reason for denial**

Signature/Date