



CITY OF HAWTHORNE
4455 W. 126th Street • Hawthorne, CA 90250-4482

**INSTRUCTIONS FOR FILING AN APPLICATION
FOR A HOME OCCUPATION PERMIT**

1. To apply for a Home Occupation Permit you must complete, review and/or sign the following forms:
 - A. Application for a Home Occupation Permit;
 - B. Statement of Conditions to Conduct a Home Occupation;
 - C. Detailed description of type of business, items being sold, and/or services provided;
 - D. Property Owner's Authorization Form (applicable only if you rent your residence or live in a condominium / townhouse unit); and
 - E. Business Tax Certificate / Permit Application Form.

2. Once you have completed and signed the forms they must be submitted to the Business License Division along with the following fees made payable to the "City of Hawthorne":
 - A. Planning Department Filing Fee (one time only fee, see staff for amount)
 - B. Business License Tax (annual fee, dependent on estimated gross receipts)
 - C. Business License Application Fee (one time fee of \$56.00)

PLEASE NOTE THAT ALL FILING FEES ARE NON-REFUNDABLE

The forms and the filing fee may be delivered in person to:

Business License Division
City of Hawthorne
4455 West 126th Street
Hawthorne, California 90250
(310) 349-2935

3. Once the forms and fees are received by the Business License Division they will first be reviewed by the Planning Department. Upon approval by the Planning Department, the Home Occupation / Business Tax Certificate will be issued by the Business License Division.

RIGHT OF APPEAL: The applicant may appeal the Planning Department's decision to deny or revoke a home occupation permit to the Planning Commission. The Planning Commission shall either approve the application with conditions or deny the application based on its findings. The decision of the Planning Commission shall be final unless it is appealed to the City Council. The appeal process shall be governed pursuant to the provisions set forth in Sections 17.40.190 - 17.40.220 of the Hawthorne Municipal Code.



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**A STATEMENT OF CONDITIONS
TO CONDUCT A HOME OCCUPATION**

1. The home occupation shall be clearly incidental and secondary to the use of the structure for dwelling purposes and shall not alter the residential character of the premises.
2. All operations shall be carried on within the dwelling, with not more than twenty (20) percent of the ground floor area of the dwelling to be used, including any area used for storage.
3. No motors other than electrically driven motors shall be used in connection with the home occupation, and that the total horsepower of such motors shall not exceed two horsepower, or one-half horsepower for any single motor.
4. No signs, advertising devices, merchandise or articles shall be displayed for advertising purposes.
5. No person other than a permanent resident of the subject premises shall be employed in the home occupation.
6. The home occupation shall not generate an increase in vehicular or pedestrian traffic to the residence other than what would normally be associated with a residence.
7. No customers may come to the home occupation residence. All in-person contact must take place at an off-site location such as the customer's residence or place of business. The only exception will be a student arriving to a home occupation residence for the sole purpose of one-on-one music or arts instruction or academic tutoring. Music and arts instruction will be allowed only between the hours of nine a.m. to eight p.m. daily. Academic tutoring will be allowed only between the hours of nine a.m. to ten p.m. daily.
8. No home occupation shall by reason of noise, odor, dust, vibration, fumes, electrical interference or other causes, disturb or have the potential to disturb the peace health, safety, or welfare of neighboring residents or property owners.
9. No home occupation in a rented or leased residential unit shall occur without the written authorization of the property owner or apartment manager.
10. There shall be no use of utilities for home occupations beyond what is normally associated with residential purposes.

REVOCATION OF PERMIT: The Director of Planning may, at any time, revoke a home occupation permit for noncompliance or for any violation of the conditions set forth in granting such approval. A written notice of intention to revoke shall be mailed to the applicant not less than ten days before the revocation. The applicant may appeal the decision to revoke the home occupation permit to the Planning Commission pursuant to the procedures set forth in Section 17.72.060 of the Hawthorne Municipal Code.

I, the undersigned, acknowledge that I have read and understand the above stated conditions for a home occupation permit and certify that I agree to operate the home occupation business within that criteria.

Signature of Applicant

Date



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HOME OCCUPATION QUESTIONNAIRE

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Applicant's Name	Address	City	Zip	Phone
Property Owner's Name	Address	City	Zip	Phone

PLEASE ANSWER THE FOLLOWING (any questions left blank will automatically results in denial of your application):

1. Are you employed on a full-time basis? If yes, please provide us with your employer's name, address and telephone. _____
2. What is the name of the proposed home occupation business? _____
3. Describe the nature of the proposed home occupation business. **(Be specific)** _____
4. In which area of your residence will the home occupation business be conducted? _____
5. How many square feet is this area? _____
6. Will you have any employees? Yes _____ No _____ If yes, please specify:
residing in the residence _____ # residing outside of residence _____
Where will employees work and in what capacity: _____
7. What equipment and/or tools will be used? _____
8. Where in the home will the equipment and/or products be stored? _____
9. Will trucks, trailers, or other equipment be used in your business? Yes _____ No _____ if yes,
What is the vehicle type? _____
How many vehicles? _____
Does the vehicle exceed three-fourths ton capacity? Yes _____ No _____
Address of storage location when not in use. _____
10. Is this proposed home occupation intended to be a full-time or part-time activity? _____
11. What are the approximate hours of operation? Mon. to Fri. _____ Sat. and Sun. _____
12. What type of advertising will be used to attract customers? _____
13. What is the size (square feet) of your residence? _____
14. Will you have an alarm system in your home? Yes _____ No _____
15. How many individuals reside at your residence? _____
16. How many clients do you expect will visit your residence? Mon to Fri _____ Sat _____ Sun _____



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**HOME OCCUPATION PERMIT APPLICATION
PROPERTY OWNER'S
AUTHORIZATION FORM**

TO BE COMPLETED BY THE APPLICANT ONLY:

Name: _____

Address: _____ Telephone _____

Name of Proposed Business/Home Occupation _____

TO BE COMPLETED BY INDIVIDUAL PROPERTY OWNERS ONLY:

Name(s) _____

Address _____ Telephone _____

I/we, the owners of the aforementioned property hereby authorize our tenant(s) to conduct their proposed home occupation. I/we understand that the operation of a Home Occupation is governed by the requirements contained in Section 17.72 of the Hawthorne Municipal Code and that the Home Occupation / Business Tax Certificate can be revoked at any time if the applicant fails to meet the conditions of approval.

Signature(s) Date

TO BE COMPLETED BY CONDOMINIUM ASSOCIATION OFFICERS ONLY:

Name and Title _____

Name and Title _____

Address _____ Telephone _____

I/we, the association officers of the aforementioned property hereby authorize our tenant(s) to conduct their proposed home occupation. I/we understand that the operation of a Home Occupation is governed by the requirements contained in Section 17.72 of the Hawthorne Municipal Code and that the Home Occupation / Business Tax Certificate can be revoked at any time if the applicant fails to meet the conditions of approval.

Signature(s) Date

BUSINESS IDENTIFICATION INFORMATION FORM

IN ACCORDANCE WITH STATE MANDATE SECTION 19286.8(b) OF THE REVENUE AND TAXATION CODE, PLEASE ENTER EACH OF THE FOLLOWING (THAT YOU POSSESS)


Business Name (D.B.A.):

Entity Name:

Secretary of State I.D.#:

State Employer Identification #:

Federal Employer Identification #:

State Board of Equalization (a.k.a. seller's permit) #:

State Board of Equalization # (for Tobacco only):

Alarm Company Operator (ACO) #:

Owner's/Officer's Name & Social Security #:

Email Address:
