



GROW YOUR BUSINESS IN THE CITY OF COVINA

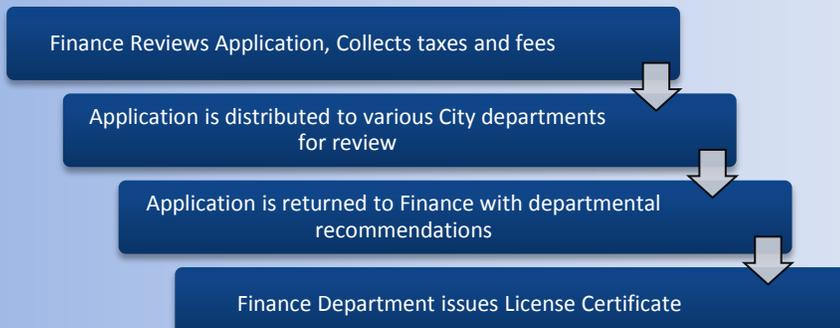


# BUSINESS LICENSING

**READ ME FIRST**  
Before you apply for a business license contact the City of Covina, Planning Department at (626) 384-5450 to confirm zoning

Thank you for doing business in the City of Covina! We look forward to assisting you in your venture. Before your application for a Business License can be processed, we need to verify that your business meets all City Zoning and Permitting requirements. To help us, please complete the accompanying Business License Application and Business License Questionnaire. Answering all related questions as complete as possible will help avoid any delays.

## How does the business license process work?



**Submitting an application by mail.** If submitting your business license packet by mail, please include the following: **1)** License application, **2)** License questionnaire, **3)** number of employees at location, **4)** proof of business registration, **5)** copy of business owner or officer identification. *Incomplete forms will not be accepted.*

**Refunds.** As per Covina Municipal Code 5.04.270, taxes and fees collected through the business license process are nonrefundable, unless the amount was collected in error.

**Important facts to know when completing your business license packet:**

- ▶ **Do you have a Seller's Permit?** If you are engaged in business in California, and intend to sell or lease tangible personal property that would ordinarily be subject to sales tax if sold at retail, then you are required to have a Seller's Permit issued by the [California state Board of Equalization](http://www.boe.ca.gov). For more information on obtaining a Seller's Permit visit their website at [www.boe.ca.gov](http://www.boe.ca.gov), or phone toll-free (800) 400-7115.
- ▶ **Have you registered your business?** For Corporations, Limited Liability Company, or Limited Partnership, contact the California State Board of Corporations at (213) 897-3062. For Sole Proprietor, contact the Los Angeles County Clerk's office at (562) 462-2177.

## What is in this Packet?

- ▶ **Business License Application.** For your convenience this form can be completed electronically with Adobe Reader and printed, or printed then manually completed.
- ▶ **Business License Questionnaire.** Assists staff with identifying business operations that may require additional City permits.
- ▶ **In Home Business License Standards.** Official City guidelines for home-based businesses operating in the City of Covina.
- ▶ **Tax and Fee Worksheet.**

## When can I operate my business?

Completing a business license application form does not permit you to operate a business in the City of Covina. You may not operate your business until all city requirements have been met, all associated fees have been paid and you have been issued a valid business license certificate.

## Contact Phone

Business Licensing	(626) 384-5506
Planning Dept.	(626) 384-5450
Building & Safety	(626) 384-5460
Environmental	(626) 384-5480
Engineering	(626) 384-5490
Covina Police	(626) 331-3391
LA County Fire	(626)732-3531
City Business Outreach	(626)384-5441



# City of Covina Municipal Code

## IN-HOME BUSINESS LICENSE STANDARDS

### Section 17.26.035 (In-home business license)

An in-home business as defined in CMC [17.04.325](#) may be conducted from a residence subject to the following conditions:

- A.** No customers or clients or prospective customers or clients shall visit the site to conduct or consider business;
- B.** No sales, delivery or storage of merchandise shall be permitted at the residence except for limited storage of arts and crafts products made at the house;
- C.** The business shall not interfere with the use of the garage for parking purposes;
- D.** No commercial or identifying signs shall be used. The residential address shall not be used for advertising purposes or on any business stationery, fliers, cards or handouts;
- E.** In no way shall the appearance of the structure or the activity therein be altered or conducted such that the structure can be reasonably recognized as serving a nonresidential purpose;
- F.** The business shall not cause environmental disturbances such as noise, odors, glare, smoke, temperature changes, electrical interference, and ground water pollution;
- G.** No mechanical equipment shall be used, except that which is normal and customary for housekeeping purposes. Equipment so used shall be limited to a maximum of 1.0 horsepower motors and operated on normal household electrical currents;
- H.** No persons other than residents of the immediate household may be employed or engaged in the conduct of the business;
- I.** The following uses are expressly prohibited for consideration as an in-home business: vehicular repair, firearms or weapon sales and the manufacturing of substances or products;

**J.** To exempt arts and crafts and similar hobby work from the prohibition against manufacturing listed in subsection (I) of this section;

**K.** Arts and crafts production meeting the following criteria shall be exempt from subsection (I) of this section:

1. Limit gross sales to a maximum of \$20,000 per year,
2. Prohibit activities which can be heard on adjacent properties between 6:00 p.m. and 10:00 a.m., and on Sundays. Activities must comply with standard noise regulations between 10:00 a.m. and 6:00 p.m.
3. Prohibit activities and storage which are visible from adjacent properties or public rights-of-way;

**L.** Only those in-home businesses that are found by the chief planning official or his designee to meet these standards and to be compatible with residential uses shall be permitted;

**M.** When the application for an in-home business license is filed, a uniform fee shall be paid for purpose of defraying the cost incidental to the proceedings. Such charges and fees to be rendered shall be those which the city council may from time to time determine, fix, and establish by resolution duly and regularly adopted by it;

**N.** The in-home business license, once approved, shall be valid until December 31st of that year. Thereafter the applicant shall apply for a renewal which, if approved, shall be valid until December 31st of the following year. Only one in-home license shall be permitted per household. (Ord. 98-1830 § 1, 1998; Ord. 1707 § 1, 1990; Ord. 1664 § 2, 1988.)



# City of Covina

## IN-HOME BUSINESS LICENSE

### Business License Tax Estimator

Which business type best describes your operation (select one only)	Base Tax	Additional Tax
<b>General business – CMC <a href="#">5.04.510</a></b> <ul style="list-style-type: none"> <li>Operating an administrative office from home</li> <li>Online sales or services from home</li> </ul>	<b>\$52</b>  <i>(includes business and owner)</i>	<b>\$8</b> per addl co-owner or partner  <b>\$8</b> per employee
<b>Professional – CMC <a href="#">5.04.490</a></b> <i>With primary business location from home</i> <ul style="list-style-type: none"> <li>Physician</li> <li>Lawyer</li> <li>Engineer or Engineering Consultant</li> <li>Certified Public Accountant</li> </ul>	<b>\$52</b>  <i>(includes business and owner/professional)</i>	<b>\$30</b> per addl professional, co-owner or partner  <b>\$8</b> per non-professional employee
<b>General Contractor – CMC <a href="#">5.04.420</a></b> <ul style="list-style-type: none"> <li>State Contractor issued <b>Class A and/or B</b> license office from home</li> </ul>	<b>\$70</b>	none
<b>Sub-Contractor – CMC <a href="#">5.04.420</a></b> <ul style="list-style-type: none"> <li>State Contractor issued <b>Class C</b> license office from home</li> </ul>	<b>\$60</b>	none

Base Tax \$	+	Additional Tax \$	=	\$
Processing Fee (add \$30) <b>required of all In-Home businesses</b>			+	\$
Environmental Compliance Fee (add \$15) <b>required of all In-Home businesses</b>			+	\$
SB1186 State Accessibility Fee (add \$1) <b>required of all In-Home businesses</b>			+	\$
Zoning Fee (add \$75) <b>one-time fee required of all In-Home businesses</b>			+	\$
<b>Business License Total Due</b> (add all boxes from right hand column)			=	\$

Use this form to **estimate** business license tax. To determine actual total business license tax due, please contact the Business License Division at (626) 384-5503, or visit the Finance Department in Covina City Hall, 125 E. College Street.



Mon.-Thurs. 7:00am to 6:00pm  
Closed Fridays

# City of Covina Business License Application

Business License Division • 125 E. College St., Covina, CA 91723 • Telephone: (626) 384-5506

*It is essential to ensure that planned business uses are permitted at a given location within the City. Zoning verification and all required permits from City Departments must be obtained before the business activity will be allowed. A business license does not guarantee the right to conduct business activities that are in violation of applicable laws.*

### Please Check All That Apply

- New **IN-HOME** Application
- Change of Owner
- Change of Address
- Change of Business Name

Start date in Covina: \_\_\_\_\_

<b>Business Info.</b>	Business Name _____ Bus. Phone# _____
	Corporate Name (if applicable) _____ Email _____
	Business Location _____ Zip _____ <small>(cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small>
	Mailing Address _____ City _____ St _____ Zip _____

<b>Description</b>	<b>Business Operation:</b> <input type="checkbox"/> Administrative Office <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Other: _____
	Description of Business _____ State License No. _____
	_____ License Type / Exp _____
	_____ Resale No. _____
	_____ Federal ID _____
_____ State ID _____	

<b>Owner Information</b>	<b>Type of Business:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd. Liability Comp. <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____	
	Owner (1) _____ Title _____	Driver's License No. _____
	Home Address _____	Social Security No. _____
	City _____ St _____ Zip _____	Home/Cell Phone _____
	Owner (2) _____ Title _____	Driver's License No. _____
	Home Address _____	Social Security No. _____
	City _____ St _____ Zip _____	Home/Cell Phone _____
	<b>Emergency Contact</b>	<b>Alarm Company (if applicable)</b>
Name _____	Company _____	Name _____
Daytime Phone _____	Phone No. _____	Contact _____
Alternate Phone _____	Alarm Co ACO _____	Phone No. _____

**I DECLARE UNDER PENALTY OF PERJURY, THAT THE ABOVE APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I WILL OPERATE MY BUSINESS IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND CITY LAWS AND REGULATIONS. I FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MADE ABOVE ARE GROUNDS FOR DENIAL OR REVOCATION OF THE BUSINESS LICENSE.**

Signature of Owner/Officer/Partner \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

1) Number of Owners/Employees	FT _____ PT _____	9) ( _____ ) \$ _____	<b>TOTAL</b> (add lines 8 thru 16) \$ _____
2) Base tax (Owner/Business)	\$ _____	10) ( _____ ) \$ _____	
3) Add \$ _____ x _____ =	\$ _____	11) ( _____ ) \$ _____	
4) Add \$ _____ x _____ =	\$ _____	12) ( _____ ) \$ _____	
5) Tax (add lines 2+3+4)	\$ _____	13) Environmental Compliance \$ _____	
6) Prorated Deduction (25%; 50%)	\$ _____	14) Zoning \$ _____	
7) Penalty	\$ _____	15) Processing Fee \$ 30.00	
8) Tax Amount	\$ _____	16) SB1186 State Accessibility † \$ 1.00	

<b>Planning:</b> <input type="checkbox"/> Zoning <input type="checkbox"/> Inspection	<b>Building:</b> <input type="checkbox"/> C of O <input type="checkbox"/> Other	<b>Env:</b> <input type="checkbox"/> IWPA <input type="checkbox"/> IWP <input type="checkbox"/> SW/Rest	<b>PD:</b> _____	<b>Eng:</b> _____
# _____ Init _____	# _____ Init _____	# _____ Init _____	Init _____	Init _____

† Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx), The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov), or The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)



# Business License Questionnaire In Home Business

Business Name:	Phone:
Contact Name:	Email:
Business Address:	

**Please answer each of the questions listed below**

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you confirmed zoning requirements and conditional uses with the Planning Department? (plng)
<input type="checkbox"/>	<input type="checkbox"/>	Are there any proposed signs, permanent or temporary? (ex: fixed or non-fixed) (bldg, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business offer massage, acupressure or other similar personal services? (pd, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business deal in coins, stamps, firearms, jewels, second hand property, pawn or loan activity? (pd, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business sell, manufacture, or have mail order adult oriented products? (pd, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve brokering, buying, selling, or trading automobiles or other motorized vehicles, whether running or not? (env, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will pet grooming be conducted at the business? (bldg, env)
<input type="checkbox"/>	<input type="checkbox"/>	Will you be storing any commercial vehicles, tools, or equipment at the location? (env, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business provide training or classes at your business location to anyone not employed by the business? (plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business provide barbering, salon or beauty services? (env, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve the sale of used or vintage clothing, shoes, home furnishings, or any other type of good? (plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business provide tattoos and or body piercing? (pd, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will you handle produce, process or sell food or drink at the location? (bldg, env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve repair of motorized equipment (cars, trucks, construction equipment, lawnmowers, etc...)? (bldg, env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve gardening, landscaping, painting, concrete / masonry work or swimming pool service? (env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve mobile washing services (carpet cleaning, car wash/detailing, pet grooming, power washing buildings, etc.)? (env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business produce significant amounts of waste or recyclable materials in its operations? (env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the facility have any of the following equipment: Charbroiler, Dry cleaning machine, Spray booth, Printing press (screen/lithographic/flexographic), Internal combustion engine greater than 50HP (excluding motor vehicles), Boiler/combustion equipment (greater than 1 billion BTU/hr. maximum input), Abrasive blasting cabinet/room, Baghouse/cartridge-type dust filter/scrubber, Motor fuel storage and dispensing equipment? (env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle or motorized equipment? (bldg, env, plng)
<input type="checkbox"/>	<input type="checkbox"/>	Will any of the following operations be performed: Application of paints or adhesives, Etching/Plating/Casting/Melting of Metals, Molding/Extruding/Curing of Plastics, Mixing and blending of liquids and/or powders, Storage of acids/solvents/organic liquids/or fuels, Production of fumes/dust/smoke/strong odors? (env)



# Business License Questionnaire In Home Business

Business Name:	Phone:
Contact Name:	Email:
Business Address:	

## Business License Questionnaire continued ...

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve any product manufacturing/fabrication, or industrial type processes? (bldg, env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business involve or produce fats, oils or grease? (bldg, env)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business be selling, providing or giving away any form of controlled substances (i.e. marijuana, prescription medication)? (pd)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business be involved in the use,sales,storage or production of any type of hazardous/toxic substances,materials or waste? (env)
<input type="checkbox"/>	<input type="checkbox"/>	Does the business license applicant or any business partner have a Second Hand Dealer license issued by the State of California? (pd)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business have any type of alarm system? (pd)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business have any type of video monitoring system? If YES, length of recording _____ (pd)
<input type="checkbox"/>	<input type="checkbox"/>	Will the business use flyers, posters, handbills, etc. to advertise? (env)

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Signature \_\_\_\_\_ Date \_\_\_\_\_