

#### **CITY OF CORONADO**

Community Development Department 1825 Strand Way Coronado, CA 92118

www.coronado.ca.us Phone: 619-522-7326

Email: comdev@coronado.ca.us

# BUSINESS CERTIFICATE APPLICATION PROCESS

The City of Coronado does not have a business license tax. A minimal cost Business Certificate is used in lieu of a business tax program. The Business Certificate fee is not a revenue generating fee but is implemented to recoup the costs incurred by the City of Coronado in administering the business certificate program. If using a DBA, a Fictitious Name Statement must be filed with the San Diego County Clerk, PRIOR to applying for a Business Certificate.

<u>Fees</u>: Annual Fee \$25; California Government Code 4467 mandates the City collect a \$4.00 fee on all applications for a business license or equivalent instrument or permit. Non-profit organizations are exempt from these City and state fees. You will be notified to renew your business certificate annually.

<u>Who Should Apply:</u> Any person or entity conducting business within the City, whether or not based in the City of Coronado, must apply for a business certificate. This includes home-based businesses, solicitors, contractors, professions, trades and occupations of all and every kind, whether or not carried on for profit.

<u>How to Apply:</u> Online: Go to <a href="https://coronado.hdlgov.com/home">https://coronado.hdlgov.com/home</a>, complete the application, and pay the fee by credit card. In person: Visit City Hall located at 1825 Strand Way Coronado CA 92118 and pay appropriate fee by check. If your application is approved, you will be sent a Business Certificate to be displayed at your place of business or kept on your person while conducting business in the City of Coronado.

Review Process: Each Business Certificate application is reviewed for compliance with City zoning, building, fire, and other codes and regulations. It is highly recommended and encouraged for you to speak with the Community Development Department in person or by phone 619-522-7326 to confirm your business can legally operate in the City PRIOR to expending capital or resources. A Business Certificate does not necessarily guarantee you the right to conduct business in the City since certain businesses may require additional licenses, permits, and approvals.

#### If you are proposing a Home Occupation, please read the below Restrictions:

Conducting a commercial, professional or service activity from property located in a Residential zone (aka a Home Occupation) must meet the regulations identified below (Chapter 20.08 of Coronado Municipal Code).

- 1. A home occupation shall be clearly incidental to the use of a structure as a dwelling.
- 2. There shall be no storage or display of equipment, supplies, or products in an accessory structure or outside the dwelling.
- 3. There shall be no sign of whatever nature identifying or advertising the home occupation on the premises, visible from off the premises.
- 4. No person other than a resident of the dwelling shall be employed or subcontracted on the premises in the conduct of the home occupation.
- 5. No commercial vehicles in excess of three-quarter-ton capacity shall be used to deliver materials to or remove materials from the premises.
- 6. Not more than one vehicle of not more than three-quarter-ton capacity used in connection with the home occupation shall be kept on the premises.
- 7. Any trailer, wheeled equipment, or any vehicle displaying or advertising the home occupation shall not be visible from off the premises.
- 8. Existence of a home occupation shall not be visibly apparent from off the premises.
- 9. There shall be no external alteration of appearance of the dwelling on the site, in which the home occupation is conducted, which would reflect the existence of said home occupation.
- 10. No activity, equipment, or process shall be used in such home occupation, which creates noise, vibration, glare, fumes, odor, or electrical interference detectable to the normal senses off the premises.
- 11. No equipment or process shall be used which creates visual or audible electrical interference in any radio or television receiver off the premises, or causes fluctuations in line voltage off the premises.
- 12. Conduct of the home occupation shall not involve a need for additional on-street or off-street parking spaces.
- 13. Covered or uncovered off-street parking required for the residential use shall not be used for the conduct of home occupations.
- 14. Conduct of the home occupation shall not require the installation of additional plumbing or mechanical equipment within an existing dwelling.

Home Occupation Business Operations Permit may be revoked by the Director of Community Development upon violation of any of the regulations identified above pursuant to Section 20.08.060 of the Coronado Municipal Code.



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## BUSINESS CERTIFICATE APPLICATION

| <b>BUSINESS INFORMATION:</b> (Check box                       | for contact pref   | erence: e                 | mail, telepho        | ne, or mobi                           | ile)           |               |                                       |            |
|---|--|---------------------------|----------------------|---------------------------------------|----------------|---------------|---------------------------------------|------------|
| Business: Name:   |  |                           | DBA:                 |                                       |                |               |                                       |            |
| Business Address (cannot be PO Box): _                        |  |                           |                      |                                       |                |               |                                       |            |
| City:   |  |                           |                      | State:                                |                | Zip:          |                                       |            |
| □ Email:  |  | □                         | Геl                  |                                       | [              | □ Mobile      | <b>:</b> :                            |            |
| Business Description:   |  |                           |                      |                                       |                |               |                                       |            |
| Is this a home-based business?                                | ☐ Yes ☐ No   | If yes, ir                | nitial here afte     | er reading a                          | and underst    | anding th     | ne restrictions:                      |            |
| Is this business a Non-Profit?                                | ☐ Yes ☐ No   | If yes, T                 | ax exempt s          | atus code:                            |                |               |                                       |            |
| Do you have a website?  | □ Yes □ No   | If yes, v                 | eb address:          |                                       |                |               |                                       |            |
| If this business is to be physically loca                     | ated in a comm   | ercial zo                 | ne in Coron          | ado, please                           | answer th      | e follow      | ring questions:                       |            |
| Is your business a franchise?                                 | □ Yes □ No   | If yes, v                 | hat type?            |                                       |                |               |                                       |            |
| Are hazardous materials used or stored?                       | ¹ □ Yes □ No   | If yes, ty                | /pe?                 |                                       |                |               |                                       |            |
| Do you have assigned parking spaces?                          | □ Yes □ No   | If yes, h                 | ow many and          | d where? _                            |                |               |                                       |            |
| Are you planning any alterations to the ex                    | terior of your bu  | uilding, ind              | cluding chang        | jes to the si                         | igns, paint, d | or awnin      | gs? □Yes□N                            | lo         |
| Are you planning any interior construction                    | n, such as demo  | olition, alt              | erations, repa       | airs, improv                          | ements, or     | conversi      | ions? ☐ Yes ☐ N                       | lo         |
| BUSINESS OWNER AND CONTACT IN                                 | FORMATION:   | (Check be                 | ox for contact       | preference                            | e: email, tele | ephone, d     | or mobile)                            |            |
| Owner Name(s):  |  |                           |                      |                                       |                |               |                                       |            |
| □ Email:  |  | □                         | Telephone: _         |                                       |                | ☐ Mobi        | le:                                   |            |
| Mailing Address:  |  |                           |                      |                                       |                |               |                                       |            |
| City:   |  |                           |                      | State:                                |                | Zip:          |                                       |            |
| In case of an emergency, if above busine                      | ess owner canno  | ot be con                 | tacted, who s        | should the C                          | City contact:  |               |                                       |            |
| Emergency Contact Person's Name:                              |  |                           |                      |                                       |                |               |                                       |            |
| □ Email:  |  | □                         | Telephone: _         |                                       |                | ☐ Mobi        | le:                                   |            |
| How would you like to receive annual                          | renewal notices  | s? (Choo                  | se one) <b>Bus</b> i | <b>ness:</b> □ er                     | mail 🗆 mail    | l <u>or</u> ( | Owner: □ email [                      | ⊐ mail     |
| Under penalty of perjury, I declare that                      |  |                           | -                    | -                                     |                |               | · · · · · · · · · · · · · · · · · · · | d licenses |
|   | ate the business are or will be in full force and effect prior to the commencement of business operations. |                           |                      |                                       |                |               |                                       |            |
| Owner or Agent Signature:                                     |  |                           |                      |                                       |                | Date:         |                                       |            |
|   | - BELOW SEC  | TION FO                   | R OFFICAL            | CITY USE                              | ONLY           |               |                                       |            |
| Community Development - Zoning                                |  |                           | Zoning Designation   |                                       |                |               |                                       |            |
| Conditions  |  |                           |                      |                                       |                |               |                                       |            |
| Date conditions to applicantApproved: ☐ Yes ☐ No Denied: ☐ Ye |  |                           |                      |                                       |                |               | ate                                   |            |
| Approved. Li res Li No Deffied. Li re                         | 5 LINO   |                           | mspecioi             |                                       |                | Da            |                                       |            |
| Community Development - Building Conditions                   |  |                           |                      | Floor area                            | of lease sp    | ace           |                                       | sq. ft     |
| Date conditions to applicant                                  |  |                           |                      |                                       |                |               |                                       |            |
| Construction plans required? ☐ Yes ☐ Permit issued Permit #   |  |                           |                      |                                       | _ Date pla     | ns appro      | oved                                  |            |
| Fire Department - Inspection Conditions                       |  |                           | nspection re         | quired? 🗆 `                           | Yes □ No       |               |                                       |            |
| Date conditions to applicant                                  |  | Date conditions completed |                      |                                       |                |               |                                       |            |
| Approved: ☐ Yes ☐ No Denied: ☐                                |  |                           | nspector             | · · · · · · · · · · · · · · · · · · · |                |               | ate                                   |            |
|   |  |                           |                      |                                       |                |               |                                       |            |