## **CITY OF SUNNYVALE**

## BUSINESS LICENSE STATUS CHANGE



Please See Instructions on the Reverse Side

1. Business License		ATION FROM YOUR CURRE		
2. Name of Business				
3. Business Address	<u> </u>			_
		City	State	Zip
4. Mailing Address				
		City	State	Zip
PLEASE CHECK THE	APPLICABLE BOX(ES) A	AND PROVIDE YOUR NEW IN	IFORMATION:	
New Business Na	me			
New Business Lo	cation			
	1	City	State	Zip
New Mailing Addr	ASS			
INEW IMAINING Addi		City	State	Zip
Telephone Numbe	ar.		Email	
Other (please exp		-		_
Inactivate the Bus	iness License	Reason for inactivation:		_
	Check box if you would li	ke a refund of any excess tax	paid (if applicable)	
	If you are requesting a re	fund, please update your mail	ing address to indicate where	your refund should be sent
Duplicate copy of	the Business License	(\$10.00 fee)		
business license tax and is	suance of a Business Licens	e do not entitle you to conduct an	given a receipt. The receipt is not y illegal business or operations, or ly with all applicable zoning and pu	violate any applicable federal,
			e businesses (see reverse side) a of the Sunnyvale Municipal Code.	nd shall operate my home
• I certify that I have read my knowledge.	and understand the above, ar	nd I declare under penalty of perju	rry that the information given above	e is true and correct to the best of
Signature		Title		Date
CITY USE ONLY	Fees: Duplicate Certificate \$	\$10.00		Total \$

## INSTRUCTIONS FOR COMPLETING THE BUSINESS LICENSE CHANGE OF STATUS

Please contact Sunnyvale at BusinessLicense@sunnyvale.ca.gov or (408) 730-7620 with questions

To change or inactivate a current City of Sunnyvale Business License, please complete this form and submit to: City of Sunnyvale, One-Stop Permit Center, 456 West Olive Avenue, P.O. Box 3707, Sunnyvale, CA 94088-3707. Hours: 8:00 a.m.-12:00 noon and 1:00 p.m.-5:00 p.m., Monday through Friday.

- 1. Business License Number This number appears on your Business License.
- 2. Name of Business The name of the business as it appears on your current Business License.
- 3. Business Address The address of your business as it appears on your current Business License.
- **4.** Business Mailing Address The mailing address as it appears on your current Business License.

## **Status Change Information:**

**Business Name Change** – If you are changing the name of your business, write the new name in the space provided.

**Business Address Change** - If you are changing the location of your business, write the new address in the space provided.

**Business Mailing Address Change** - If you are changing the mailing address of your business, write the new mailing address in the space provided.

**Sunnyvale Home Business** – Please note the following regulations for Home Based Businesses

- The business shall be conducted within the dwelling unit and not in the yard, garage or an accessory structure.
- Non-residential external or internal alterations are not allowed.
- No more than 20% of the floor area or 400 square feet, whichever is less, shall be devoted to the business. This includes storage of inventory or products (which is limited to 50 cubic feet).
- No persons other than the residents shall work or report to work on the premises.
- No display window or signage is permitted.
- If the residential address is used in an advertisement, the words "by appointment only" shall be included in the advertisement.
- No sale of merchandise shall occur on the premises.
- The home business shall not cause more than three vehicles (including vehicles used by customers, vendors, or delivery services) to visit your home per day. These vehicles shall not interfere with traffic circulation.
- No external noise, odor, glare, vibration, or electrical interference detectable to neighbors is permitted.
- No explosive, toxic, combustible, or flammable materials in quantities greater than allowed in residences shall be used or stored on the premises.
- The use or storage of supplies, electrical or mechanical equipment is limited to that which is compatible residential use.
- The number of home occupations at one address is not limited except the cumulative impact shall not exceed these regulations.

Other – Clearly state the change of status you are requesting in the space provided.

**Inactivating the Business License** – Please check the box if you would like to inactivate your license, and provide us with the reason for inactivating the license. If you believe you are eligible for a refund, please check the appropriate box. The original business license tax certificate must be included with this form for the license to be inactivated.

**Duplicate copy of the Business License** – If you would like a new updated Business License, check the yes box and make payment of \$10.00