



# City of Beaumont

550 E. 6<sup>th</sup> Street  
Beaumont, CA 92223  
(951) 769-8520  
www.ci.beaumont.ca.us

## HOME OCCUPATION APPLICATION

(PLEASE READ ALL INFORMATION CAREFULLY BEFORE FILLING OUT THE APPLICATION)

Home occupations are permitted in the City of Beaumont on a limited basis as described in detail in the Municipal Code. Home-based businesses cannot have any identifying signage, employees not residing in the residence, or involved customer traffic, or in any significant way alter the residential character of the neighborhood.

Please **completely** fill out the attached Home Occupation Permit (HOP) and return it to the City of Beaumont along with the following items:

1. Site plan on 8 ½ X 11 sheet of paper showing how your business will be set up. Please include dimensions, storage, locations for materials and vehicles, office, etc. in your home;
2. Completed business license application;
3. Payment in the amount of \$151.00 (\$75 for the HOP and \$76 for the business license).

Once your completed application has been submitted and the necessary fees have been paid, the Planning Director will review all information submitted and send a letter to the applicant approving the project with certain conditions or denying the project with additional information requested.

Once an approval is received from the Planning Director, the business can begin to set up. The original (white copy) will be mailed to the business owner only after Planning, Building and Police have signed off on the business license application.

**REMEMBER!! Your business license will expire on June 30 of the following year and must be renewed.** You will receive a renewal form in the mail in June. If you do not receive a renewal in June, it is your responsibility to contact us to renew.

If you have any questions at all, please do not hesitate to contact us. We will be happy to walk you through the process step by step. Good luck with your business venture.





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|                                |
|--------------------------------|
| Case No.: _____                |
| Fees: _____ Receipt No.: _____ |
| Date: _____ Initials: _____    |

## HOME OCCUPATION PERMIT APPLICATION

1. Business Name \_\_\_\_\_
2. Business Address \_\_\_\_\_  
\_\_\_\_\_  
(If no street address, briefly give description and location to nearest intersection)
3. Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_
4. Applicant's Address \_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_
5. Landowners' Name \_\_\_\_\_ Phone \_\_\_\_\_  
(If different from Applicant)
6. Landowner's Address \_\_\_\_\_  
\_\_\_\_\_  
Zip Code \_\_\_\_\_
7. Describe Your Business Activities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Will you dispense any goods or products on the premises? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
9. Will you have any one else working with you on the premises? If yes, please explain and give family relationship. \_\_\_\_\_  
\_\_\_\_\_
10. Will you have displays in the home of goods and products available? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

11. What part of this proposed activity will be conducted outside or in a second structure? Please explain. \_\_\_\_\_  
\_\_\_\_\_
12. What will be the size(s) of the vehicle(s) used for the business at the site? Explain. \_\_\_\_\_  
\_\_\_\_\_
13. List all materials and products stored, used or otherwise found at the site that are used as a part of the occupation: \_\_\_\_\_  
\_\_\_\_\_
14. List those materials and products below that are listed in question #13 that are produced on site. \_\_\_\_\_  
\_\_\_\_\_
15. How much pedestrian and vehicular traffic will be generated by the proposed occupational use? \_\_\_\_\_
16. Will any of the vehicles used by the occupational activity be delivery trucks? If yes please explain. \_\_\_\_\_  
\_\_\_\_\_
17. Where do you plan to store materials? Show this on your interior plan. Also show room(s) where activities are planned on your interior plan. \_\_\_\_\_  
\_\_\_\_\_
18. What exterior alterations will be made? Be specific and detailed. \_\_\_\_\_  
\_\_\_\_\_
19. What odors, dust, noise, smoke, fumes, toxic materials, vibrations, electrical disturbances, communication disturbances or other disruptive activities will result from your proposed occupational use? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
20. Area for additional comments, clarifications, etc., (Additional pages may be used) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION OF ACCURACY AND COMPLETENESS:** I hereby certify that to the best of my knowledge the information in this application and all attached answers and exhibits is true, complete, and correct. All signatures must be completed. If one or more of these signatures are the same simply re-sign. Thank you.

---

Print Name and Sign – Applicant

Date

---

Print Name and Sign – Landowner

Date

**CERTIFICATION OF UNDERSTANDING:** I hereby certify that I have read and understand the attached conditions as stated in Section 17.80.015 of the Municipal Code and agree to abide by these conditions and others given at time of approval. Failure to meet all conditions of approval may result in revocation of business license. Thank you.

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Print Name and Sign – Applicant

Date





# CITY OF BEAUMONT

550 East 6<sup>th</sup> Street, Beaumont, California 92223  
Attn: Business License Coordinator • (951) 769-8520

## BUSINESS LICENSE APPLICATION

**BOTH SIDES OF THIS APPLICATION MUST BE COMPLETELY FILLED OUT PRIOR TO ISSUANCE OF A LICENSE.**

This application is not a permit to do business. The provisions of the City of Beaumont, Business License Ordinance #333, provides for penalties for lateness in applying for and renewing business licenses. All license taxes are due and payable **on or before July 1<sup>st</sup> of each fiscal year**. Failure to comply with the provisions of the City of Beaumont, Business License Ordinance, may result in the issuance of a citation.

| • OFFICIAL USE ONLY •  |   |
|--|---|
| Business Name _____  | LICENSE FEE \$ _____                        |
| Business Address _____   | RECEIPT NO. _____                           |
| City State, Zip _____  | DATE PAID _____                             |
| Mailing Address <input type="checkbox"/> Same as above _____   | CHECK # _____ <input type="checkbox"/> CASH |
| City State, Zip _____  | INITIALS _____                              |
| License Reviewed & Approved by:  |   |
| Business Phone ( ) _____ Bus. Fax ( ) _____  | Planning _____ / _____                      |
| Start Date _____   | Building _____ / _____                      |
| Description of Business _____  | Fire _____ / _____                          |
| Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Ltd Liability Corp <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Trust | Police _____ / _____                        |
| State Lic. No. _____ Workers' Comp No. _____   | Expiration Date _____                       |
| Social Security No. _____ Or Federal ID No. _____  | Health Permit No. _____                     |
| Email Address _____  | Resale No. _____                            |
| <i>⚠ If you do not have Worker's Compensation, please see back of form</i>   |   |

**CONFIDENTIAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers**

|                    |             |                      |
|--------------------|-------------|----------------------|
| Owner Name _____   | Title _____ | Phone ( ) _____      |
| Home Address _____ |             | Cell Phone ( ) _____ |
| City _____         | State _____ | Zip _____            |
| Owner Name _____   | Title _____ | Phone ( ) _____      |
| Home Address _____ |             | Cell Phone ( ) _____ |
| City _____         | State _____ | Zip _____            |

**CONFIDENTIAL INFORMATION - In case of emergency, please contact:**

|               |             |                      |
|---------------|-------------|----------------------|
| Name _____    | Title _____ | Phone ( ) _____      |
| Address _____ |             | Cell Phone ( ) _____ |
| City _____    | State _____ | Zip _____            |

**ALARM COMPANY**

|               |                  |
|---------------|------------------|
| Name _____    | Phone ( ) _____  |
| Address _____ | License No _____ |

|  |  |
|--|--|
| <b>Class 1</b><br>*Estimated Gross Receipts <span style="border: 1px solid black; padding: 2px;">\$ _____</span> | License Fees <span style="border: 1px solid black; padding: 2px;">\$ _____</span><br><i>Effective 01/01/2013 due to SB 1186*</i><br>Total Amount Due <span style="border: 1px solid black; padding: 2px;">\$ _____</span><br>+\$1.00 |
| <b>Class 3</b><br>*No. of Professionals _____<br>*No. of Sub-Professionals _____<br>*No. of Clerical _____       | <i>I declare, under penalty of perjury, that this application has been examined by me, and to the best of my knowledge is true and correct.</i><br>Signature _____<br>Title _____ Date _____<br>Print Name _____                     |
| <b>Class 4</b><br>*License Type _____<br>*No. of Employees _____<br>*see back for applicable fees                | Thank you for doing business in the City of Beaumont<br><b>PLEASE MAKE CHECK PAYABLE TO THE CITY OF BEAUMONT</b>   |

## WORKER'S COMPENSATION WAIVER

"I certify that in the performance of work for which this license is issued I shall not employ any person in any manner so as to become subject to the Workers Compensation Laws of California. Note: If after signing this certificate, you hire any employee, you become subject to the Worker's Compensation provisions of the California Labor Code, and you must immediately comply with the provisions of Section 3700 or **your license immediately becomes revoked**".

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### FEE SUMMARY

**Class 1 includes:** All persons engaged in the business of selling at wholesale or retail, any goods, wares, or merchandise. All persons engaged in providing personal services, such as but not limited to: mechanical, landscape, cleaning, general services, food service, etc.

**Gross Receipts:** Shall include the total amount of the sales price of all sales and the total amount charged or received for the performance of any act, service or employment, or whatever nature it may be, for which a charge is made or credit allowed, whether or not such act, service or employment is done as a part of or in connection with the sales of materials, goods, or merchandise, or the rendering of personal services. Included in gross receipts, shall be all receipts, cash, credits, and any property of any kind of nature, without any deduction there from, on account of the cost of the property sold, cost of materials used, labor services costs, interest paid or payable, or losses, or other expenses whatsoever, and receipts attributable to selling activities, or personnel services with the city.

**Excluded shall be:** Cash discounts allowed and taken on sales, credit allowed on property accepted as part of the purchase price, and which property may later be sold, any tax required by law to be included to or added to the purchase price and collected from the consumer or purchase.

| Gross Receipts       | License Fee | Gross Receipts      | License Fee                            |
|----------------------|-------------|---------------------|--|
| Under \$ 50,000      | \$ 60.00    | 1,400,001-1,500,000 | \$336.00                               |
| 50,001- 60,000       | \$ 62.00    | 1,500,001-1,600,000 | \$349.00                               |
| 60,001- 70,000       | \$ 64.00    | 1,600,001-1,700,000 | \$362.00                               |
| 70,001- 80,000       | \$ 66.00    | 1,700,001-1,800,000 | \$375.00                               |
| 80,001- 90,000       | \$ 68.00    | 1,800,001-1,900,000 | \$388.00                               |
| 90,001- 100,000      | \$ 70.00    | 1,900,001-2,000,000 | \$400.00                               |
| 100,001- 120,000     | \$ 74.00    | 2,000,001-2,200,000 | \$420.00                               |
| 120,001- 140,000     | \$ 78.00    | 2,200,001-2,400,000 | \$440.00                               |
| 140,001- 160,000     | \$ 82.00    | 2,400,001-2,600,000 | \$460.00                               |
| 160,001- 180,000     | \$ 86.00    | 2,600,001-2,800,000 | \$480.00                               |
| 180,001- 200,000     | \$ 90.00    | 2,800,001-3,000,000 | \$500.00                               |
| 200,001- 225,000     | \$ 95.00    | 3,000,001-3,200,000 | \$520.00                               |
| 225,001- 250,000     | \$100.00    | 3,200,001-3,400,000 | \$540.00                               |
| 250,001- 275,000     | \$105.00    | 3,400,001-3,600,000 | \$560.00                               |
| 275,001- 300,000     | \$110.00    | 3,600,001-3,800,000 | \$580.00                               |
| 300,001- 325,000     | \$115.00    | 3,800,001-4,000,000 | \$600.00                               |
| 325,001- 350,000     | \$120.00    | Over 4,000,000      |  |
| 350,001- 375,000     | \$125.00    |                     | +\$10/each \$100,000 of gross receipts |
| 375,001- 400,000     | \$130.00    |                     |  |
| 400,001- 425,000     | \$135.00    |                     |  |
| 425,001- 450,000     | \$140.00    |                     |  |
| 450,001- 475,000     | \$145.00    |                     |  |
| 475,001- 500,000     | \$150.00    |                     |  |
| 500,001- 550,000     | \$160.00    |                     |  |
| 550,001- 600,000     | \$170.00    |                     |  |
| 600,001- 650,000     | \$180.00    |                     |  |
| 650,001- 700,000     | \$190.00    |                     |  |
| 700,001- 750,000     | \$200.00    |                     |  |
| 750,001- 800,000     | \$210.00    |                     |  |
| 800,001- 850,000     | \$220.00    |                     |  |
| 850,001- 900,000     | \$230.00    |                     |  |
| 900,001- 950,000     | \$240.00    |                     |  |
| 950,001- 1,000,000   | \$250.00    |                     |  |
| 1,000,001- 1,050,000 | \$260.00    |                     |  |
| 1,050,001- 1,100,000 | \$270.00    |                     |  |
| 1,100,001- 1,150,000 | \$280.00    |                     |  |
| 1,150,001- 1,200,000 | \$290.00    |                     |  |
| 1,200,001- 1,250,000 | \$300.00    |                     |  |
| 1,250,001- 1,300,000 | \$310.00    |                     |  |
| 1,300,001- 1,400,000 | \$323.00    |                     |  |

**Class 2 includes:** All persons engaged in the business under the following business titles, but not limited thereto: hotels/motels, storage, buildings, mini storages, storage spaces, nursing homes, hospital, convalescent homes etc.

| Base Fee plus No. of Spaces = Amount Due |             |
|--|-------------|
| Base Fee:                                |             |
| 20 units/beds or less                    | \$50.00     |
| 21 units/beds or more                    | \$100.00    |
| No. of units/beds/storage spaces         | \$1.00 each |

**Class 3 includes:** All professional business, corporations, professional groups or the like, but not limited thereto: accountants, architects, attorneys, beauticians, doctors, draftsmen, morticians, real estate agents, therapists, etc.

|                   |              |
|-------------------|--------------|
| Professional:     | \$75.00 each |
| Sub-Professional: | \$10.00 each |
| Clerical:         | \$ 4.00 each |

**Class 4 includes:** Any and all contractors. Fees for employees are those who function on the job within the city limits and are computed for the maximum on the job, at any given point of time. **Note:** failure to report your maximum number of employees will result in the penalty payment, double the correct amount.

### Table A + Table B = Amount Due

Table A

|   |      |          |
|---|------|----------|
| General Engineering Contractor                      | A    | \$125.00 |
| General Building Contractor                         | B-1  | 85.00    |
| Boiler, Hot water, Heater, Steam Filter             | C-4  | 50.00    |
| Cabinet and Mill Work                               | C-6  | 50.00    |
| Cement and Concrete                                 | C-8  | 75.00    |
| Drywall   | C-9  | 50.00    |
| Electric (General)                                  | C-10 | 75.00    |
| Electrical Sign                                     | C-45 | 50.00    |
| Elevator Installation                               | C-11 | 50.00    |
| Excavating, Grading, Trenching, Paving, Surfacing   | C-12 | 75.00    |
| Fencing   | C-13 | 50.00    |
| Fire Protection Engineering                         | C-16 | 50.00    |
| Flooring (Wood)                                     | C-15 | 50.00    |
| Glazing   | C-17 | 50.00    |
| Housing and Building Moving                         | C-21 | 75.00    |
| Insulation  | C-2  | 50.00    |
| Landscaping   | C-27 | 50.00    |
| Lathing   | C-26 | 50.00    |
| Masonry   | C-29 | 50.00    |
| Ornamental Metals                                   | C-23 | 50.00    |
| Painting, Decorating                                | C-33 | 50.00    |
| Plastering  | C-35 | 75.00    |
| Plumbing  | C-36 | 75.00    |
| Refrigeration                                       | C-38 | 75.00    |
| Roofing   | C-39 | 75.00    |
| Sewer, Sewage, Disposal drains, cement, pipe laying | C-42 | 50.00    |
| Steel reinforcing                                   | C-50 | 50.00    |
| Steel Structural                                    | C-51 | 75.00    |
| Structural Pest Control                             | C-22 | 50.00    |
| Swimming Pool                                       | C-53 | 50.00    |
| Tile (Ceramic/Mosaic)                               | C-54 | 50.00    |
| Warm-Air Heating, Ventilating, Air Conditioning     | C-20 | 50.00    |
| Welding   | C-60 | 50.00    |
| Well Drilling                                       | C-57 | 50.00    |
| Classified Specialist                               | C-61 | 50.00    |

Table B

#### Employee Fee Schedule

|          |          |
|----------|----------|
| 1 to 2   | \$ 10.00 |
| 3 to 6   | \$ 30.00 |
| 7 to 10  | \$ 50.00 |
| 11 to 14 | \$ 70.00 |
| 15 to 26 | \$100.00 |
| 21 to 30 | \$125.00 |



## FEE SUMMARY

**Class 5 includes:** Manufactures, cabinet shops, machine shops, canneries, processors, assemblers, etc.

**Class 6 includes:** Delivery, trucking transportation of goods and/or materials for the purpose of resale and/or use by wholesale or manufacturer.

|   |                         |
|---|-------------------------|
| <b>Base Fee</b>                                 | <b>\$75.00 per year</b> |
| 1 to 2 Employees                                | \$20.00 per year        |
| 3 to 6 Employees                                | \$60.00 per year        |
| 7 to 10 Employees                               | \$100.00 per year       |
| 11 to 14 Employees                              | \$140.00 per year       |
| 15 to 20 Employees                              | \$200.00 per year       |
| 21 to 30 Employees                              | \$240.00 per year       |
| 31 to 40 Employees                              | \$300.00 per year       |
| 41 to 50 Employees                              | \$400.00 per year       |
| 51 plus Employees                               | \$400.00 per year       |
| PLUS \$7.50 for each employee over 50 in number |                         |

|                             |                             |
|-----------------------------|-----------------------------|
| <b>Combined Mfg. Weight</b> | <b>Fees Per Truck Route</b> |
| 0 to 5,000                  | \$ 36.00 per year           |
| 5,001 to 9,000              | \$ 48.00 per year           |
| 9,001 to 13,000             | \$ 72.00 per year           |
| 13,001 to 17,000            | \$ 86.00 per year           |
| 17,001 and over             | \$ 100.00 per year          |

NOTE: Three (3) part-time employees (working no more that twenty-five (25) hours each per week) shall equal one (1) full-time employee

**Gross Receipts:** Shall include the total amount of the sales price of all sales and total amount charged or relieved for the performance of any act, service or employment, or whatever nature it may be, for which a charge is made or credit allowed, whether or not such act, service or employment is done as part of or in conjunction with the sales of materials, goods, or merchandise, or the rendering of personal services. Included in gross receipts, shall be all receipts, cash, credits, and any property of any kind of nature, without any deduction therefrom, on account of the cost of the property sold, cost of materials used, labor services cost, interest paid or payable, or losses, or other expenses whatsoever, and receipts attributable to selling activities, or personnel services with the city.

**Excluded shall be:** Cash discounts allowed and taken on sales, credit allowed on property accepted as part of the purchase price, and which property may later be sold, any tax required by law to be included to or added to the purchase price and collected from the consumer or purchase.

**Class 7 Includes:** Rental, leasing, and operating laundry equipment.

**Class 8 Includes:** Vending Machines dispensing tangible personal property.

**Class 9 Includes but is not limited to:** Vending Machines dispensing intangible items such as music, pinball machines, games of skill etc.

| Annual Gross Receipts                           | Actual License Fee |
|---|--------------------|
| \$0 to \$50,000                                 | \$ 60.00 annually  |
| \$50,001 to \$60,000                            | \$ 70.00 annually  |
| \$60,001 to \$70,000                            | \$ 80.00 annually  |
| \$70,001 to \$80,000                            | \$ 90.00 annually  |
| \$1.00 per thousand, far all excess of \$80,000 |                    |

| Annual Gross Receipts | Actual License Fee |
|-----------------------|--------------------|
| \$0 to \$2,500        | \$ 60.00 annually  |
| \$2,501 to \$5,000    | \$ 70.00 annually  |
| \$5,001 to \$10,000   | \$ 80.00 annually  |
| \$15,001 to \$20,000  | \$ 90.00 annually  |
| \$ 20,001 and up      | \$ 100.00 annually |

| Annual Gross Receipts | Actual License Fee |
|-----------------------|--------------------|
| \$0 to \$2,500        | \$ 45.00 annually  |
| \$2,501 to \$5,000    | \$ 75.00 annually  |
| \$5,001 to \$10,000   | \$ 90.00 annually  |
| \$10,001 to \$15,000  | \$ 105.00 annually |
| \$15,001 to \$20,000  | \$ 120.00 annually |
| \$20,001 to \$25,000  | \$ 135.00 annually |
| \$25,001 to \$30,000  | \$ 150.00 annually |
| \$30,001 to \$35,000  | \$ 165.00 annually |
| \$35,001 to \$40,000  | \$ 180.00 annually |
| \$40,001 to \$50,000  | \$ 210.00 annually |

**Class 10 Includes:** Home Occupations Fee: \$75.00 annually

**Class 11 Includes:** All out of town – except contractors Fee: \$72.00 annually

**Class 12 Includes:** Tax Exempt

**Class 13 Includes:** \$10.00 per person, per day

**Class 14 Includes:** Soliciting Company Fee: \$100.00 annually

\$1.00 per thousand (\$1,000) for all excess of \$50,000

**\*SB 1186**

Under federal and state law, compliance with disability access law 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)
- The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov)



*City of Beaumont*  
*Residential and Commercial Alarm System Application*

Pursuant to Beaumont Municipal Code Chapter 8.36 Sections 8.36.010 to 8.36.150 The City of Beaumont is requiring an Alarm Users License from the Department of Building and Safety. The purpose of this ordinance is to protect public health, safety and welfare by regulating alarm systems in order to reduce false alarms and the public service costs incurred in responding to such alarms.

**Primary Alarm User Information**

Alarm Business Name: \_\_\_\_\_

Primary Alarm User Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First M.I.  
Street Apt# City State Zip

Mailing Address (if different): \_\_\_\_\_  
Street Apt# City State Zip

Primary Contact Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Would you like your renewal notification to be sent via: (check one)  email, or  mailing address

**Location of Alarm**

Address (if different than above): \_\_\_\_\_  
Street Apt#

Location of Alarm in Residence: \_\_\_\_\_

Types of Activations Reports by System:

|                       | Audible                  | Silent                   |   |
|-----------------------|--------------------------|--------------------------|---|
| Intrusion             | <input type="checkbox"/> | <input type="checkbox"/> | If Other please describe: _____<br>_____<br>_____ |
| Fire                  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Medical Emergency     | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Panic (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> |   |
| Other:                | <input type="checkbox"/> | <input type="checkbox"/> |   |

Name Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_  
Address City State

Phone Number for 24-Hour Monitoring: (\_\_\_\_) \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**Secondary Contact Information**

In the event that the primary contact cannot be reached *at least one* (1) secondary contact is required to be listed as an authorized user of the alarm.

Name: \_\_\_\_\_  
Last First M.I.

Relation to Primary Contact: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

*Additional Contacts (required for non-residential installations)*

Name: \_\_\_\_\_  
Last First M.I.

Relation to Primary Contact: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Relation to Primary Contact: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**I certify that the above contacts and I are authorized to operate the system and have been properly trained in the use of the system by an alarm business, the subscriber or by the owner of the alarm system.**

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

## **Terms and Conditions**

- Licenses expire on June 30<sup>th</sup> of every year.
- You will be notified of the need to renew the license; however, It shall be the responsibility of the alarm user to submit an application to renew prior to the expiration date.
- Failure to renew shall be classified as use of an unpermitted alarm system and the user shall be cited under Section 8.36 for each false alarm until the license is obtained.
- An alarm and alarm user shall be placed on a “No Response” list after police responses to six (6) false alarms within twelve (12) consecutive months. While on the “No Response” list, police response will only be made when there is other independent information that an emergency has or is occurring.
- Violations of Beaumont Municipal Code 8.36 are subject to fines and other measures outlined below.

### **Responsibilities of the Alarm User:**

- To not manually activate an alarm except when an immediate emergency response is needed.
- To inactivate or cause to be inactivated an audible alarm within fifteen (15) minutes of activation.
  - Audible alarms shall be equipped with an automatic reset mechanism capable of terminating the audible sound within fifteen (15) minutes after activation.
  - If the alarm continues to emit an audible sound in excess of fifteen (15) minutes, after reasonable efforts to contact the alarm user that monitors such alarm, the Chief of Police, or his/her designee, may cause such alarm to be disconnected. The alarm user shall pay the cost of such disconnection.
- To be familiar with the alarm system operating instructions, including those for verification of an alarm.
- To train or cause to be trained any and all persons who might have reason and authority to control the alarm system, in the proper operation of the system.
- To inform persons who are authorized to operate the alarm system of the provisions of this Ordinance, emphasizing the importance of avoiding false alarms.
- To notify the alarm system-monitoring company of a false alarm activation as soon as the user is aware of the false alarm.
- To notify the Director of Building & Safety when the alarm is deactivated or the applicant has moved from the location of the alarm and is no longer responsible for its operation.
- To maintain or cause to be maintained the alarm system in good working order and to take measures to prevent the occurrence or reoccurrence of false alarms
- To inspect or cause to be inspected the alarm system at least once each twelve (12) months.
  - The alarm user shall notify the Beaumont Police Department Dispatch Center before any service, test, repair, maintenance, alteration or installation of the alarm system that may cause a false alarm.
- To document the condition of the alarm system and the remedial actions taken to prevent false alarms.

### **Penalty for Violation of BMC 8.36:**

Any person violating any provision of the chapter shall be deemed guilty of an infraction or misdemeanor as hereinafter specified:

- Guilty of an infraction offense and punished by a fine not exceeding One Hundred Dollars (\$100.00) for the first violation;
- Guilty of an infraction offense and punished by a fine not exceeding Five Hundred Dollars (\$500.00) for the second violation;
- The third and any additional violations of the same provision within twelve (12) consecutive months shall be punishable by a fine not exceeding One Thousand Dollars (\$1,000.00) or six (6) months in jail or both.

### **Alarm License Fee Schedule:**

**NO FEE IS CURRENTLY BEING CHARGED BY THE CITY OF BEAUMONT**

**I certify that I have read this application and state that the information given is correct. I agree to comply with the statutes related to Chapter 8.36 of the Beaumont Municipal Code.**

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

17.80.015 HOME OCCUPATIONS. The purpose of these regulations is to provide for the conduct of home occupations in residential zones or buildings in such a manner as to be compatible with, and not disruptive to, residential neighborhoods. The use shall be clearly incidental and secondary to the principal use as a residence.

A. **USES PERMITTED.** The following uses or similar uses shall be considered as home occupations provided that such uses comply with the criteria stated in this Section:

1. Consultative professional occupations rendering service and not involving dispensation of good or product.
2. A secondary office for a business in which the principal office, staff and equipment are located elsewhere.
3. The home office of a salesman, wherein all sales are conducted by telephone or by correspondence and where in there are no displays or related commodities on premises.
4. Any use customarily conducted entirely within a dwelling.
5. The home office of a service business where not more than one (1) ton or smaller vehicle used in conjunction with the business is kept at home.

B. **CONDITIONS.** Home occupations may be permitted pursuant to the provisions of this Section, subject to the following conditions.

1. Employment shall be limited to members of the resident family only.
2. Material or equipment used in connection with such home occupations shall be limited to that normally found in a dwelling and recognized as being part of the normal uses and practices in the zone in which the use is a part.
3. Only products or services produced on the premises shall be sold or provided.
4. A consulting office for a doctor, dentist or similar professional person may be permitted provided his principal office is located in a commercial zone. No building shall be remodeled or structurally altered for such use.
5. The uses shall not generate pedestrian or vehicular traffic beyond that normal to the zone in which it is located.
6. The home occupation shall not involve the use of commercial vehicles for delivery or materials to or from the premises.
7. Materials or supplies shall not be stored indoors or outdoors for purposes other than those permitted in the zone.
8. The home occupation shall not involve the display of signs or advertising devices on the premises except on e unlighted identification sign, not more than two square feet in area, may be erected on the premises.
9. Not more than one room in the dwelling shall be used for the home occupation.
10. A valid business license from the City of Beaumont is obtained each year.
11. Appurtenant buildings or structures or areas outside of the main residential building shall not be used for home occupational purposes.
12. Neither the appearance of the building shall be so altered or changed, nor the home occupation within the building so conducted that the building may be determined to be serving a non-residential use and such determination may include but not be limited to consideration of color, materials, construction, lighting, signs, sounds, noises, vibrations, etc.
13. All operations of such home occupation shall be so conducted as to prevent the emanation of any dust, gas, smoke, noise, fumes, odors, vibrations, or electrical disturbances which are or may be detrimental to the welfare of the occupants of surrounding properties.
14. A home occupation shall be subject to any additional condition or requirement, which may be imposed by the Commission or Council.

# Dark Sky Ordinance

**Did you know: The City of Beaumont  
has a Dark Sky Ordinance?**

**Please contact the Building and Safety  
Department prior to making any  
changes to your outdoor  
lighting so that we may advise you on  
the correct fixtures to install.**

**Building & Safety:  
951.769.8529  
550 E. 6th Street  
Beaumont, Ca 92223  
[www.ci.beaumont.ca.us](http://www.ci.beaumont.ca.us)**