



ZONING AND USE REVIEW APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT
5111 BENITO STREET, P.O. BOX 2308, MONTCLAIR, CA 91763
(909) 625-9477
FAX (909) 626-3691

Planning Division Counter Hours for Business License Approvals – Monday-Thursday 7:00-9:00am & 4:00-5:30pm

THIS FORM, WHEN COMPLETED AND APPROVED BY THE COMMUNITY DEVELOPMENT DEPARTMENT, MUST ACCOMPANY YOUR BUSINESS LICENSE APPLICATION. Before your application for a business license can be processed, it is necessary to verify that your business will be conducted in accordance with the provisions of the Montclair Municipal Code. In order to determine whether your business is legally permitted at the proposed location, please provide the information below.

1. Proposed business location (address) _____ Zone _____
 2. Business Name (dba) _____
 3. Business owner's name _____ Phone _____
 4. Business owner's mailing address _____
 5. Property owner's name _____ Phone _____
 6. Describe business operation in detail _____
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7. Square footage of use _____ Number of employees _____ Hours of operation _____

8. **This is a:**
- New Business
 - Ownership change
 - Change in type of business
 - Non-profit organization
 - Home occupation
 - Massage therapy/Acupressure
- Type of business:**
- Restaurant
 - Adult-oriented business
 - Medical/Dental
 - Institutional (church, school, counseling, etc.)
 - Other _____
- Office Only
 - Retail sales
 - Wholesale
 - Service
 - Industrial/Manufacturing

- Business name change (previous name) _____ Bus. Lic. # _____
 - Address change (previous address in Montclair) _____ Bus. Lic. # _____
9. Will any work, use, or storage be conducted outside of the building at the location? Yes No
 10. Will there be selling or displaying of material (movies, books, videos, etc.) depicting specified anatomical areas or sexual acts? (MMC Chapter 11.40) Yes No
 11. Will there be selling/serving of alcoholic beverages? Yes No
 12. Will your business include any form of entertainment? Yes No
 13. Will admission be charged? Yes No
 14. Will your operation include any process, handling, or storage of toxic, hazardous, or flammable materials? Yes No
 15. Will your business require changes to the exterior and/or interior of the premises in order for you to conduct business? Yes No
 16. Do you anticipate a need for a new or altered business sign? Yes No
 17. Will you be selling any used merchandise? Yes No
 18. Will there be any arcade machines/amusement devices? Yes No If "yes," how many? _____

APPROVAL OF THIS ZONING AND USE REVIEW DOES NOT GUARANTEE YOU A BUSINESS LICENSE

<u>Department/Division Approvals</u>	<u>Comments</u>	<u>Dept./Div.</u>
Planning _____	1. _____	_____
Building _____	2. _____	_____
Code Enf. _____	3. _____	_____
Environmental _____	4. _____	_____
Fire _____	5. _____	_____
NPDES _____	6. _____	_____
_____	7. _____	_____

I hereby certify under penalty of perjury that I have read and understand this entire application, that the information provided herein is true and correct to the best of my knowledge, and that I agree to comply with the conditions of approval outlined above.

Signature _____ Date _____