



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.

- Proposed business location (address) _____ Zone _____
- Business Name (dba) _____
- Business owner's name _____ Phone _____
- Business owner's mailing address _____
- Property owner's name _____ Phone _____
- Describe business operation in detail _____
- 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. # _____

- Will any work, use, or storage be conducted outside of the building at the location? Yes No
- 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
- Will there be selling/serving of alcoholic beverages? Yes No
- Will your business include any form of entertainment? Yes No
- Will admission be charged? Yes No
- Will your operation include any process, handling, or storage of toxic, hazardous, or flammable materials? Yes No
- Will your business require changes to the exterior and/or interior of the premises in order for you to conduct business? Yes No
- Do you anticipate a need for a new or altered business sign? Yes No
- Will you be selling any used merchandise? Yes No
- 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>Conditions of Approval</u>	<u>Dept./Div.</u>
Planning _____ / / _____	1. _____	
Building _____ / / _____	2. _____	
Code Enf. _____ / / _____	3. _____	
Environmental _____ / / _____	4. _____	
Fire _____ / / _____	5. _____	
_____ / / _____	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 _____