

**CITY OF MONTCLAIR**  
 5111 Benito St. (P O Box 2308), Montclair, CA 91763  
 Phone (909) 625-9423  
**APPLICATION FOR BUSINESS LICENSE -- AFFIDAVIT**

**APPLICATION WILL NOT BE PROCESSED UNTIL ALL ITEMS ON THIS AFFIDAVIT AND THE ZONING & USE REVIEW HAVE BEEN COMPLETED**

**\*\* PLEASE TYPE OR PRINT CLEARLY \*\***

New Business  Change of Address  Change in Owner  Home Occupation

1. Business Name (dba) \_\_\_\_\_ Expected Opening Date \_\_\_\_\_  
 Corporate Name (if applicable) \_\_\_\_\_
2. Business Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 Are you sharing this location with another business? NO  YES  Name \_\_\_\_\_
3. Mailing Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_
4. Business Telephone ( ) \_\_\_\_\_ Business e-mail: \_\_\_\_\_
5. Type of Business \_\_\_\_\_ Ownership Type: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
 If apartments, number of units \_\_\_\_\_ Unit Addresses \_\_\_\_\_
6. Owners/Officers (1) \_\_\_\_\_ Title \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 (2) \_\_\_\_\_ Title \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_
7. Home Address (1) \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_  
 (2) \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_
8. State Resale No. \_\_\_\_\_ S.S. # or Fed. I.D. # \_\_\_\_\_ State I.D.# \_\_\_\_\_  
 (COPY REQUIRED)
9. Building Owner \_\_\_\_\_ Phone ( ) \_\_\_\_\_
10. Building Owner's Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_
11. Describe in detail the type of business carried out at this location \_\_\_\_\_  
 \_\_\_\_\_
12. Does your business require a state license? \_\_\_\_\_ Class/No. \_\_\_\_\_ 2<sup>nd</sup> e-mail: \_\_\_\_\_
13. Estimated Gross Receipts (for 12 months) \_\_\_\_\_

**CONTACT INFORMATION**

PROVIDE INFORMATION ON PERSONS TO CONTACT WHO CAN ACCESS THE BUSINESS SHOULD POLICE OR FIRE OFFICIALS BE UNABLE TO REACH THE PERSONS LISTED ABOVE

Name \_\_\_\_\_ Relationship/Title \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Relationship/Title \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip \_\_\_\_\_

NOTICE: Business licenses are due prior to commencing operation and expire one year from the issue date, or as stated in the Montclair Municipal Code. Cumulative penalties accrue at the rate of 10 percent per month of delinquency up to 100 percent of the total license fee. Issuance of a business license in no way releases the issuee from compliance with any provision of federal, state, county and city statutes, ordinances, rules, regulations, or other law, including and without limitation to zoning, building, and health and safety laws. This application may be circulated to relevant federal, state, county, and city agencies and departments for inspection and law enforcement purposes.

I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an *application* for one or more of these documents.

Applicant's Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CONTINUE ON REVERSE SIDE**

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**Answer the following questions as they apply to this location:**

1. Will your business distribute hand bills, advertising circulars or flyers? (ADDITIONAL PERMIT REQUIRED)
2. Will your business involve any door to door soliciting? (ADDITIONAL PERMIT REQUIRED)
3. Do you sell, dispense, or process any food or drink requiring a health permit?  
 If yes, Health Permit # \_\_\_\_\_
4. Does your business have a burglar/robbery alarm? (ADDITIONAL PERMIT REQUIRED)
5. Will there be entertainment (including, but not limited to any of the types listed below)? (ADDITIONAL PERMIT REQUIRED)    
 Check appropriate box(es):  Live Performance (includes bands, disc jockey, etc.)  Dancing  
 Other \_\_\_\_\_
6. Will you or your employees be giving massages or physical manipulation either at the location or after being sent to another location? (ADDITIONAL PERMIT REQUIRED)
7. Will you be selling/serving alcoholic beverages?
8. Will you be selling or showing material (movies, books, videos) depicting specified anatomical areas or sexual acts?(MMC Sec. 9-6.400)
9. Will you have employees or yourself modeling or entertaining for someone (customers), nude or exposing genitals, buttocks or breasts at your location or after being sent to another location?(MMC Sec. 9-6.400)
10. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory dating services?
11. Will your business offer any type of service or product or entertainment which is characterized by an emphasis on matters depicting, describing, or relating to specified anatomical matters?(MMC Sec. 9-6.400)
12. Will your business involve gambling, bingo, horse racing, or games of chance?
13. Will the building be used for  education  instruction  worship  dining  counseling?
14. Will your business have arcade machines/amusement devices? Video games? Vending machines?  
 If yes, list below (attach separate sheet if additional space is required):    

TYPE	LOCATION	QUANTITY
_____	_____	_____
_____	_____	_____
15. Will your business operation include any welding?  Acetylene  Arc
16. Will your business operation include spray painting?
17. Will there be storage of more than 5 gallons of flammable liquid of any type?
18. Will your operation include sanding, cutting, or shaping of wood or products producing combustible dust or fibers?
19. Will there be storage of materials exceeding 12 feet in height or tire storage over 6 feet in height?
20. Will there be repair of vehicles beyond the simple exchange of parts?
21. Will your business operation include using water for any manufacturing, processing labs, pumping, cooling of equipment, heating and/or air conditioning, etc., or for any other industrial purpose?
22. Are you doing any interior or exterior remodeling?
23. Will there be any discharge of wastewater (other than sink and toilets) to the sewer system?
24. Will your business require any equipment to treat your wastewater before discharge into the sewer system?
25. Estimate gallons of water to be used each day \_\_\_\_\_
26. Will there be any materials stored outside that, in the event of a storm, would cause pollutants to run off into the storm drain system?
27. Will there be any hazardous materials used or stored on site (solvents, oils, acids, herbicides, or other non-domestic substances)?    
 If yes, state amount stored and the plan of disposal \_\_\_\_\_
28. Will your business be cooking on a commercial stove or fryer?

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct, and that I have read the above and understand all the conditions as stated therein.

\_\_\_\_\_

Authorized Signature
Title
Date
Drivers License No.

*Office Use Only*

Copies Distributed:	_____	
Reviewed by:	Initials	Remarks _____
Comm. Dev.	_____	_____
Fire Dept.	_____	_____
Public Works	_____	_____
Police Dept.	(Distribution Only)	_____

Certificate Issued: \_\_\_\_\_