



City of
Santa Monica
Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

P: 310-458-8745 • F: 310-451-3283
E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

**BUSINESS LICENSE
RESIDENTIAL ZONING
CONFORMANCE CHECKLIST**

OFFICIAL USE ONLY

BL#

Home occupations must be clearly incidental and secondary to the primary residential use of a dwelling unit and compatible with surrounding residential uses. It allows for the gainful employment in the home by any occupant of a dwelling so long as the enterprise does not require frequent customer access or have associated characteristics that would reduce the surrounding residents' enjoyment of their neighborhood.

BUSINESS ENTITY INFORMATION

Legal Business Name: _____ DBA (if applicable): _____

Business Physical Address: _____
Number Street Unit/Suite # City State Zip

Contact Information: First Name: _____ Last Name: _____ Title: _____
 Phone: _____ Email: _____ # of employees on site: _____

A. Please describe your business activities that take place at your residence in detail. (use additional sheets if necessary)

The applicant shall agree to the following criteria and conditions as part of the approval of the Home Occupation permit.
 Failure to answer YES or N/A to any of the criteria and conditions listed herein shall constitute grounds for denial of the Home Occupation permit.

BUSINESS ACTIVITY

1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation be conducted entirely within a dwelling or accessory building except for horticulture activities or creative activities by artists, which may be conducted outdoors? NOTE: This question directly relates to the home office activities, that may or may not be ancillary to activity conducted at other physical locations inside and/or outside the City. Be sure to clearly state in box A above the activity that occurs specifically at this residential location.
2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will no employees (other than residents of the dwelling unit) work, gather, or congregate on the premises in connection with the home occupation, with the exception of babysitters, domestic staff, or cottage food operations as defined in California Health and Safety Code Section 113758?
3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation ensure that no blight, hazards, or nuisances due to noise, dust, vibration, odors, smoke, glare, electrical interference, or other reasons be created or caused from any activities?
4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation not result in excess use of utilities and public facilities in amounts greater than normally provided for residential use?
5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you acknowledge that the home occupation permit will only be valid for the person to whom it is issued and shall be void when that person moves from the dwelling unit or discontinues the business?
6	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	If food preparation is proposed on site, have you attached the appropriate permit from the County of Los Angeles Health Department? (If food preparation is not proposed on site, select N/A.)
7	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you identified all activities to be conducted and all equipment, material, or hazardous materials on this application?
8	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the garage or carport be maintained for vehicle parking, with no portion of any required parking spaces be used for home occupation purposes, if such use would preclude compliance with off-street parking requirements of SMMC Chapter 9.28, Parking, Loading, and Circulation?
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation generate no pedestrian or vehicular traffic beyond that ordinarily generated in the residential district in which it is located?
10	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	If the home occupation involves client visits, during any 24 hour period will no more than 6 client visits take place for any of the following: a psychologist, speech therapist, acupuncturist, other professional with one-on-one counseling, therapy, or treatment; or one-on-one training or teaching of dance, exercise, or yoga. (If client visits are not on site, select N/A.)

Complete next page



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