

## BUSINESS LICENSE RESIDENTIAL ZONING CONFORMANCE CHECKLIST

OFFICIAL USE ONLY

BL#

REC#

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

First Name:

Last Name:

Title:

Information:

Phone:

Email:

# of Employees on site:

*Please describe your business activity in detail, using at least three sentences. (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?
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.)

### STORAGE AND SALES OF GOODS

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 sale of goods on the premises be limited to only products of the home occupation?
9	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Where the person conducting the home occupation serves as an agent or intermediary between outside suppliers and customers, will all articles (except for samples) be received, stored, and sold directly to customers at an off-premise location?
10	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be no excessive or unsightly storage of materials or supplies indoors or outdoors for purposes other than those permitted in the residential district in which it is located associated with the home occupation?

Complete next page



## VEHICLE RESTRICTIONS

11	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If parking for any vehicle primarily used in connection with the home occupation is provided, will it be in addition to parking required for the unit, and will the property remain in compliance with all other applicable requirements?
12	<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?
13	<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?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	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.
14	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be no commercial vehicles used for delivery of materials, with the exception of reasonable courier services, to or from the premises?
15	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will no more than one vehicle larger than a three-quarter ton truck be used in connection with the home occupation?
16	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will no limousine or other vehicle for hire used in connection with the home-based business be kept on site or parked in the public right-of-way in the vicinity of the site?

## EXTERIOR RESTRICTIONS

17	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will the home occupation maintain the appearance of the dwelling unit (by color, materials or construction, lighting, signs, sounds or noises, vibrations, etc.) such that the structure will continue to be recognized as a residential use?
18	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will signs for the home occupation be limited to only the address and name of any resident?
19	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will there be no outdoor advertising that identifies the home occupation?

## PROHIBITED LAND USES

20	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you understand that the following home occupation uses are prohibited: ambulance service; animal hospitals or grooming facilities; automotive and other vehicle (body or mechanical), upholstery, painting, or storage; barber or beauty shops; carpentry or cabinet making; contractor storage yards; dancing schools, exercise and yoga studios, except one-on-one training or teaching that does not exceed 6 clients within 24 hours; firearms manufacture, sales, or repair; furniture refinishing or upholstery; junkyards; massage establishments, except for a massage technician who is certified by the State of California and meets all other applicable requirements for and holds a valid permit issued under Chapter 6.104 of the Municipal Code; medical offices, clinics, and laboratories, except for psychologists, speech therapists, acupuncturists, and other professionals with one-on-one counseling, therapy, or treatment that do not exceed 6 clients within 24 hours; restaurants; sexually-oriented businesses; spas and retreat centers; tattoo studios; welding or machine operation; other uses the Director determines to be similar to those listed above, or which by operation or nature are not incidental to or compatible with residential activities.
21	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Will no business activity be performed involving psychic services, fortune telling, card reading, or any similar activities in connection with the operation or practice of the business?

## ACKNOWLEDGEMENT

I hereby certify, under penalty of perjury, that this information is true and correct. I agree to conduct the home occupation in conformity with Santa Monica Municipal Code Section 9.31.160 and as stated in response to the above questions. This home occupation must be in conjunction with a valid business license obtained through the City of Santa Monica Business & Revenue Operations Division.

*Print Name*
*Signature*
*Date*