

BUSINESS LICENSE RESIDENTIAL ZONING REVIEW FORM

OFFICIAL USE ONLY	
BL#	
REC#	

Businesses operating from a residential location are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name:		DBA (if applicable):	
Business Physical Address:			
<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i>	<i>City</i> <i>State</i> <i>Zip</i>
Contact Information:	First Name:	Last Name:	Title:
	Phone:	Email:	Fax:

BUSINESS ACTIVITY DESCRIPTION

Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)

- A. Are you the owner of the subject property? Yes No
- B. Do you currently have a business license in the City of Santa Monica? Yes No
- C. Will this business license be for the same business activity for which you already have a business license? N/A Yes No

RESIDENTIAL LOCATION INFORMATION

1.	If you have a secondary vehicle used for your business enterprise in addition to your own personal vehicle, please identify the following:		
	Year	Make	Model
			Parking Location
			<input type="checkbox"/> On site <input type="checkbox"/> Off-site
2.	On-site parking location description (driveway, front, back, garage, etc.):		
3.	Check here if no vehicle larger than one 3/4 ton truck will be used in conjunction with the home business. <input type="checkbox"/>		
4.	Off-site parking		
	<i>Number</i>	<i>Street</i>	<i>Unit/Suite #</i> <i>City</i> <i>State</i> <i>Zip</i>
5.	Does the home occupation involve use of the residence by a psychiatrist, speech therapist, or other professional with one-on-one counseling, therapy, or treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does the home occupation involve use of the residence for one-on-one training or teaching of dance, exercise, or yoga? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes to any of the above activities, do you agree that your one-on-one sessions will not exceed six (6) clients within a 24-hour period? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6.	Do you prepare food on site? If yes, please attach your permit from the County of Los Angeles Health Department <input type="checkbox"/> Yes <input type="checkbox"/> No		
7.	Will the home occupation be conducted entirely within a dwelling or accessory building? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8.	Describe any gardening or horticulture business activities to be conducted at the residence, the type of materials to be stored, and where the horticulture business will be conducted on the property: (use additional sheets if necessary)		
9.	Will you receive deliveries? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often? Daily Weekly Monthly	
10.	Does the nature of the business involve the production of a product? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, describe the product and the volume of production: (use additional sheets if necessary)		
11.	Will this product involve storage of material/mechanical equipment not recognized as being part of a normal household or hobby use? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SANTA MONICA BUSINESS LICENSE — RESIDENTIAL ZONING REVIEW FORM

