Business License Application

Community Development Department ~ 21810 Copley Drive ~ Diamond Bar, CA 91765 ~ (909) 839-7030 ~ www.DiamondBarCA.gov

Check the Box that Applies:	Staff Use Only **Business License #:**

- ☐ New Business (Zoning Clearance Required): $283.00
- ☐ Business Located Out of City: $168.00
- ☐ New Home Based Business License (Zoning Clearance Required): $283.00
- ☐ Non-Profit Business: Fee Waived with Proof of Non-Profit Status
- ☐ Business Requiring Background Check(s) (*Complete back of application form*)*: $468.00 Per Person
- ☐ Change of Location (Zoning Clearance Required): $283.00
- ☐ Business License Renewal: $42
- ☐ Change of Business Name or Ownership Only: $168.00
- ☐ Sidewalk Vending: $494.00

Pursuant to SB 1186, all fees include a State-mandated $4 fee to fund accessibility programs for disabled persons.

See reverse for a list of businesses requiring background checks

BUSINESS INFORMATION

Business Name: Business Phone:

DBA (if applicable): # of Employees:

Description of Business Activities:

Business Address: Square footage of tenant space:

City: State: Zip Code:

Mailing Address (If Different From Above):

City: State: Zip Code:

E-mail: Website:

After Hours Contact: **Phone:**

PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. I understand that the issuance of a business license does not constitute approval of land use, and that I am responsible for compliance with the City's zoning, building, health and safety requirements and all other applicable laws prior to the commencement of business.

Business Owner		Owner 2 (If Applicable)	
Print Name:		Print Name:	
Title:		Title:	
Signature:	Date:	Signature:	Date:

STAFF USE ONLY

Classification Code: _____ **Amount Paid:** _____

Zoning Approval: _____ **Processed By:** _____

Comments: _____ **Date Processed:** _____

Dental office forms provided to applicant? ☐ **Yes** ☐ **No**

Business License Application
Part 2

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BACKGROUND CHECK REQUIREMENTS:

The following business types are required to complete a background check investigation prior to the issuance of a Business License.

This investigation may include reports from the Sheriff's Department, Planning and Building & Safety Divisions, Fire Department, Los Angeles County Health Department, and any such other information as deemed necessary by the City in order to determine if the applicant meets the business license criteria for issuance. If you have one of the following business types, please check the appropriate box and complete the background check information below:

- ☐ Adult Oriented Businesses
- ☐ Alarm Systems
- ☐ Alcoholic Beverage Sale (Off-Site Consumption)
- ☐ Bars and Nightclubs
- ☐ Computer Services (Network Gaming Center)
- ☐ Entertainment Establishments
- ☐ Firearms Dealers
- ☐ Indoor Amusement/Entertainment Facilities
- ☐ Massage Establishments
- ☐ Pawnbrokers and Second Hand Dealers
- ☐ Peddling-Solicitation on Private Property
- ☐ Psychic Reading
- ☐ Tow Trucks and Towing Companies

BACKGROUND CHECK APPLICANT(S): $468.00 Per Applicant (Submit additional forms if necessary)

Applicant 1 Name (Print): Title:

Address: Drivers License #:

City/State/Zip: Phone No: ( ) -

I hereby authorize the City of Diamond Bar to conduct a Background Check:

Applicant's Signature: _____ Date:

Applicant 2 Name (Print): Title:

Address: Drivers License #:

City/State/Zip: Phone No: ( ) -

I hereby authorize the City of Diamond Bar to conduct a Background Check:

Applicant's Signature: _____ Date:

Applicant 3 Name (Print): Title:

Address: Drivers License #:

City/State/Zip: Phone No: ( ) -

I hereby authorize the City of Diamond Bar to conduct a Background Check:

Applicant's Signature: _____ Date:

Zoning Clearance Application

(New and Relocated Businesses Only)

The Zoning Clearance Application is required for all new Diamond Bar businesses, home-based businesses, and businesses that have moved to a new location in the City.

ZONING CLEARANCE INFORMATION

Name of Business:_____

Business Address:_____

City:_____ **State:**_____ **Zip:**_____

Number of Employees:_____ **Number of Vehicles:**_____

Number of Available On-site Parking Spaces:_____

Detailed Business Description:_____

_____

_____

_____

_____

PLEASE READ, SIGN AND DATE

I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. I understand that I am responsible for compliance with the City's zoning, building, health and safety requirements and all other applicable laws prior to the commencement of business.

STAFF USE ONLY

_____ _____
Business Owner Name **Title**

_____ _____
Business Owner Signature **Date**

_____ _____
Property Owner Name **Title**

_____ _____
Property Owner Signature **Date**