ZONING AND USE REVIEW APPLICATION

COMMUNITY DEVELOPMENT DEPARTMENT
5111 BENITO STREET, P.O. BOX 2308, MONTCLAIR, CA 91763
(909) 625-9477
FAX (909) 626-3691

Planning Division Counter Hours for Business License Approvals: Monday through Thursday from 7:00 – 9:00 a.m. & 4:00 – 5:30 p.m.

THIS FORM, WHEN COMPLETED AND APPROVED BY THE COMMUNITY DEVELOPMENT DEPARTMENT, MUST ACCOMPANY YOUR BUSINESS LICENSE APPLICATION. Before your application for a business license can be processed, it is necessary to verify that your business will be conducted in accordance with the provisions of the Montclair Municipal Code. In order to determine whether your business is legally permitted at the proposed location, please provide the information below.

IMPORTANT: PLEASE PRINT LEGIBLY AND PROVIDE ALL REQUIRED INFORMATION OR THE FORM MAY BE REFUSED AS INCOMPLETE.

1. PROPOSED BUSINESS LOCATION (ADDRESS):	CITY	STATE	ZIP CODE
	MONTCLAIR	CA	91763

2. BUSINESS NAME (DBA):		
3. BUSINESS OWNER'S FIRST NAME:	BUSINESS OWNER'S LAST NAME:	PHONE:

4. BUSINESS OWNER'S MAILING ADDRESS:	CITY	STATE	ZIP CODE
5. PROPERTY OWNER'S NAME:	PROPERTY OWNER'S LAST NAME:	PHONE:	

6. ANSWER THE FOLLOWING QUESTIONS. APART FROM ANSWERING THESE QUESTIONS, **ATTACH A WRITTEN DETAILED BUSINESS DESCRIPTION.** THE BUSINESS DESCRIPTION SHOULD PROVIDE COMPLETE, COMPREHENSIVE DETAILS AND CLEARLY OUTLINE ALL RELEVANT INFORMATION ABOUT THE BUSINESS.

A - Are you the owner of the subject property? YES ____ NO _____

B - Is the business activity similar to the previously licensed tenant? YES ____ NO _____

C - Does the business lease space from an existing licensed tenant in the same profession? (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor) YES ____ NO _____

D - Is your business moving from one location to another on the same property? YES ____ If Yes, complete "Part A Continued" on Page 2. NO _____

E - Is the business located in a shared office space? YES ____ If Yes, with who_____ NO _____

F - How will each room in the proposed lease space be used? _____

_____

_____

7. Provide a floor plan with dimensions, which clearly labels the square footage and proposed use of each room. *(Does not apply to home based businesses)*

8. SQUARE FOOTAGE OF USE:	9. NUMBER OF EMPLOYEES:

10. PROPOSED HOURS OF OPERATION:

		HOURS
WEEKDAYS	MONDAY	TO
	TUESDAY	TO
	WEDNESDAY	TO
	THURSDAY	TO
	FRIDAY	TO
WEEKEND	SATURDAY	TO
	SUNDAY	TO

PART A

11. **THIS IS A:**

- ☐ New Business
- ☐ Change in Ownership
- ☐ Change in Type of Business
- ☐ Non-Profit Organization
- ☐ Business Name Change
- ☐ Change of Address

TYPE OF BUSINESS:

- ☐ Restaurant
- ☐ Adult-oriented Business
- ☐ Medical/Dental
- ☐ Institutional
- ☐ Home Occupation
- ☐ Massage Therapy/Acupressure
- ☐ Other:
- ☐ Office Only
- ☐ Retail Sales
- ☐ Wholesale
- ☐ Service
- ☐ Industrial/Manufacturing

PART A CONTINUED

BUSINESS NAME CHANGE (PREVIOUS NAME): LEAVE BLANK IF NOT APPLICABLE				BUSINESS LICENSE #:
ADDRESS CHANGE (PREVIOUS ADDRESS IN MONTCLAIR): LEAVE BLANK IF NOT APPLICABLE	CITY MONTCLAIR	STATE CA	ZIP 91763	BUSINESS LICENSE #:

PART B

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM STATE MANDATE

YOU MUST PROVIDE YOUR STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC) EVEN IF YOU ARE RENEWING YOUR BUSINESS LICENSE SIC CODE: _____

If you do not know your business SIC Code, you can obtain it at the United States Department of Labor website: https://www.osha.gov/pls/imis/sicsearch.html

The State of California requires businesses with specific SIC Codes obtain a State General Permit for Storm Water Discharges Associated with Industrial Activities (IGP) prior to receiving a City business license. You can determine if you are required to obtain an IGP by reviewing "Attachment A" of the IGP (attached to application). If you have a SIC Code that is subject to the State General Permit for Storm Water Discharges Associated with Industrial Activities (IGP) you must apply for and obtain the IGP prior to receiving a City business license. If your SIC Code falls under "Attachment A", see "PART C"

PART C

☐ **NOT APPLICABLE (CHECK THIS BOX IS YOUR SIC CODE IS NOT UNDER "ATTACHMENT A" OF THE IGP)**

To apply for an IGP, please visit https://smarts.waterboards.ca.gov/smarts/faces/SwSmartsLogin.xhtml

When you receive your Application Number or Waste Discharge Identification (WDID) Number, please provide the information below:

APPLICATION NUMBER:	WASTE DISCHARGE IDENTIFICATION NUMBER:

CHECK THE BOX THAT IS APPLICABLE TO YOUR BUSINESS:

☐ Subject to the full IGP
☐ Non- Exposure Certification (NEC)
☐ Notice of Non-Applicability (NONA)

If you have any concerns or questions regarding applying for and obtaining the IGP, please contact the Santa Ana Regional Water Quality Control Board at (951) 782-4130 or visit their website at https://www.waterboards.ca.gov/santaana/

12. Will any work, use, or storage be conducted outside of the building location?	☐ YES	☐ NO
13. Will there be selling or displaying of material (movies, books, videos, etc.) depicting specified anatomical areas of sexual acts? (MMC Chapter 11.40)	☐ YES	☐ NO
14. Will there be selling/serving of alcoholic beverages?	☐ YES	☐ NO
15. Will your business include any form of entertainment?	☐ YES	☐ NO
16. Will admission be charged?	☐ YES	☐ NO
17. Will your operation Include any process, handling, or storage of toxic, hazardous, or flammable materials?	☐ YES	☐ NO
18. Will your business require changes to the exterior and/or interior of the premises in order for you to conduct business?	☐ YES	☐ NO
19. Do you anticipate a need for a new or altered business sign?	☐ YES	☐ NO
20. Will you be selling any used merchandise?	☐ YES	☐ NO
21. Will there be any arcade machines/amusement devices? If "YES", how many? _____	☐ YES	☐ NO

APPROVAL OF THIS ZONING AND USE REVIEW APPLICATION DOES NOT GUARANTEE A BUSINESS LICENSE

DEPARTMENT DIVISION APPROVALS

Applicant is responsible for contacting each division for Business License approval.

Planning Department Silvia Gutiérrez Office: (909) 625-9435 Email: sgutierrez@montclairca.gov	**Building Department** Rudy Arensdorff Office: (909) 625-9449 Email: rarensdorff@montclairca.gov
Planning Department Dinora Ochoa Office: (909) 625-9434 Email: dochoa@montclairca.gov	**Environmental Department** Joe Rosales Phone: (909) 625-9447 Email: npdes@montclairca.gov
Code Enforcement Robert Hargett Office(909)447-3554 Email: rhargett@montclairca.gov	**NPDES Department** Joe Rosales Phone: (909) 625-9447 Email: npdes@montclairca.gov
Fire Department Jill Perumean Phone: (909) 447-3552 Email: firemarshal@montclairca.gov	

APPLICATIONS MUST BE REVIEWED AND APPROVED BY ALL DEPARTMENTS; APPROVAL IS NOT GUARANTEED

I hereby certify under penalty of perjury that I have read and understand the above statement, and that the information provided herein is true and correct to the best of my knowledge.

_____ _____

SIGNATURE DATE

WELCOME TO MONTCLAIR ~ ECONOMIC DEVELOPMENT

Montclair's Economic Development Team is here to support your business every step of the way. Whether you need assistance navigating City Hall, exploring opportunities to grow your business or connecting with the community, our team is ready to help.

For assistance with your business needs or to schedule a visit with our team, please contact Erica Frausto-Aguado, Economic Development Coordinator, at (909) 625-9425 or via email at efrausto@montclairca.gov