City of Banning

Business License Division

Zoning Verification Application:

Business Name: _____ No. Parking Spaces: _____

Business Address: _____

Type of Business: _____ Building Square Footage: _____

Days & Hours of Operation: _____

Detailed Business Description *(attach additional pages if needed)*:

_____

_____

_____

☐Relocation ☐ New Business ☐ Ownership Change ☐ Other (please explain on additional page)

Applicant Name: _____Applicant Phone Number: _____

Applicant Email Address: _____

Property Owner: _____ Property Owner Phone Number: _____

Property Owner Email Address: _____

Please be sure to provide the following:

☐ Floor plan that shows the building square footage, proposed layout of the business including areas devoted to sales, storage, seating, and other uses.

☐ Site Plan that shows aerial view of the area including roads, buildings, parking, driveways, and other notable features.

☐ Letter of Authorization if subleasing or renting.

Please Note: additional permits may be required for the following business types:

○	Adult Businesses	○	Antique/Thrift Dealers
○	Cannabis Related Businesses	○	Licensed Care Facility
○	Fuel or Chemical Storage	○	Massage Businesses
○	Street Vendor Operations	○	Tattoo/Piercing Parlors

Business License Applications are to be initiated through SmartGov:
https://ci-banning-ca.smartgovcommunity.com/Public/Home