CITY OF INGLEWOOD
DEVELOPMENT SERVICES DEPARTMENT
PLANNING DIVISION

Bernard L. McCrumby, Jr.
Director

Arturo Salazar, MPA
Acting Planning Manager

Business Authorization Form

(PLEASE PRINT)

Business Name/DBA: _____

Applicant's Name: _____ **Proposed Use:** _____

Business Address: _____

Operations Summary: (SUMMARIZE THE ACTIVITY CONDUCTED AT THIS BUSINESS IN DETAIL)

_____

_____

_____ _____

Phone Number **Applicant's Signature**

_____ _____

Email Address **Date**

FOR STAFF USE ONLY

Zoning of Address: _____ **Previous Use:** _____

Proposed Use Is:

☐ PERMITTED IN THIS ZONE

☐ PERMITS AND LICENSING (P&L) REQUIRED

☐ SPECIAL USE PERMIT (SUP) REQUIRED

☐ PERMITTED IN THIS ZONE SUBJECT TO CONDITIONS

☐ DENIED

Change of Occupancy Required: ☐ YES ☐ NO

Planning Comments: _____

_____

_____

Planner's Name

_____ _____

Planner's Signature **Date**

SUBMIT THIS FORM TO THE FINANCE DEPARTMENT FOR COMPLETION OF THE BUSINESS REGISTRATION/ZONING VERIFICATION

Our mission is to advance Inglewood's future through collaboration, creative problem-solving, and proactive planning reflecting the City's NEXT LEVEL vision.