



A City Business License is necessary to conduct business in the City of Cudahy. Prior to submitting for a business license, any new business is required to submit a pre-business license zoning clearance to the **Planning Division**. A pre-business license zoning clearance is required to confirm if your proposed business is permitted at the proposed property. This is determined by the property's zoning designation in which each zone allows certain types of uses. The Zoning Clearance will confirm that a proposed business is allowed at the property prior to issuance of a business license. Zoning Clearances must be exercised within a year of approval by obtaining a business license from the Finance Department or they will become null and void. Applicants wishing to pursue a business license after their Zoning Clearance has expired will have to submit a new application and pay the required application fee. The associated fee is \$184 for any zoning clearance. Please note that fees are subject to change at the start of each fiscal year.

Zoning approval or denial, however, **does not** ensure that the existing building is of proper construction type or in condition to permit the proposed business use, **does not** ensure that the Business License will be issued, and **in no way legalizes** any other use, sign, structure, code violations, or nonconformity.

THIS FORM CONSTITUTES A PRELIMINARY ZONING APPROVAL OR DENIAL OF ZONING. THIS FORM DOES NOT APPROVE OR DENY A BUSINESS LICENSE.

If you have any questions or need assistance identifying if the business type is permitted in the zone, , please contact the Planning Division by email, planning@cityofcudahyca.gov or by phone, (323) 773-5143.

GENERAL BUSINESS INFORMATION

Application for:

- ☐ New business ☐ Expired Business License (6+ months) ☐ Change to operations ☐ Ownership change
☐ Name change ☐ Address change

Business address (If applicable, include unit #): _____

Business name: _____

Applicant name: _____

Applicant's relationship to the business (ex: owner, business partner, employee): _____

Phone number: _____ Email address: _____

Business owner Name: _____ Phone number: _____

Business owner mailing address: _____ Email address: _____

Number of employees: _____

Proposed days and hours of operation: _____

Square footage of the tenant space: _____

Is the proposed business subleasing? YES ☐ NO ☐ If so, describe existing business use: _____

Is the proposed business sharing a space with another business? YES ☐ NO ☐ If so, describe existing business use:

Are you assuming control of another business? YES ☐ NO ☐

If so, list the name of that business: _____

Number of on-site parking spaces: _____ Is parking shared with another business? YES ☐ NO ☐

If parking is shared, attach a shared parking agreement and/or describe the arrangement: _____

Select one of the following which best describes the business:

- | | | |
|---|---|---|
| ☐ Financial or professional office | ☐ Eating or drinking establishment | ☐ Educational facility |
| ☐ Manufacturing/ processing | ☐ Medical or dental office | ☐ Day care center or care facility |
| ☐ Recreation or entertainment facility | ☐ Retail store | ☐ Service use |
| ☐ Other (explain): _____ | | |

DETAILED BUSINESS INFORMATION

Provide a detailed description of the proposed business activity:

SUPPLEMENTAL QUESTIONS

Will the business include any of the following? Check all that apply.

- | | | | | | |
|---|--------------------------|--------------------------------|--------------------------|------------------------------------|--------------------------|
| Adult-oriented items or activities | ☐ | Commercial cannabis production | ☐ | Recycling collection or processing | ☐ |
| Alcohol sales | ☐ | Retail sale of cannabis | ☐ | Hazardous waste facility | ☐ |
| Alcohol manufacturing, processing, or warehousing | ☐ | Storage of hazardous materials | ☐ | Firearm/weapons sales | ☐ |
| Arcade games | ☐ | Outdoor dining | ☐ | Smoking lounge | ☐ |
| Pawn brokering | ☐ | Gambling games | ☐ | Secondhand sales (thrift sales) | ☐ |
| Auto repair or service | ☐ | Tobacco sales | ☐ | Outdoor storage or display | ☐ |
| Massage | ☐ | Animal kennels or boarding | ☐ | Vending machines | ☐ |
| | | Fortune telling | ☐ | | |

TENANT IMPROVEMENTS

Are changes proposed to the building? YES ☐ NO ☐ If so, will the changes expand the building? YES ☐ NO ☐

Expansion area: _____ sq. ft.

Interior remodel? (Includes, but not limited to, adding partition walls, electrical, and plumbing upgrades) YES ☐ NO ☐

Interior remodel area: _____ sq. ft.

Exterior remodel? (Includes, but not limited to, painting, change of roofing, or change of wall materials) YES ☐ NO ☐

FLOOR PLAN

Use the space below to provide a floor plan for the tenant space. Include details such as the dimensions of the proposed space, the location of all entrances/exits, the dimensions and location of proposed rooms, the location of bathrooms, accessibility details, etc. Or, include a floor plan as an attachment to your application.

SIGNAGE

Per Cudahy Municipal Code Section 20.72.040, a sign permit is required for most signs, including temporary signs such as banners. A sign application must be submitted, reviewed and approved prior to placement of signage on a building. Failure to comply is a code violation subject to citation.

I acknowledge the above statement: _____
(APPLICANT SIGNATURE)

DECLARATIONS

Must be read, filled in, and signed by the applicant.

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application for a zoning clearance to operate _____ (business name) at _____ (tenant space address/ suite number), that I have read this Zoning Clearance Application and know the content thereof, and that the herein stated information and all attachments hereto, are true and correct to the best of my knowledge and belief. As the applicant, I acknowledge that if I receive a zoning clearance, it will be only for the business and/or project that is described within this application and that I will be responsible for obtaining any necessary approvals or permits from the City of Cudahy prior to the start of business operations.

Signature of applicant

Date

Must be read, filled in, and signed by the owner of the property or management company.

_____ (owner/prop. management) hereby grants full permission and approval for
_____ (applicant) to operate _____ (business
name) at _____ (tenant space address/ suite number).

Additionally, I have been notified of the full extent of the business use and agree to not hold the City of Cudahy responsible for any problems or concerns that may arise due to it.

Signature of owner or person authorized

Date

STAFF USE ONLY Received By: _____ Date/Time Received: _____ File #: _____

General Plan Land Use Designation: _____ Zone: _____

Use Classification of Proposed Use: _____ Required parking: _____

Use Classification of Previous Use: _____ Required parking: _____

Vacant since: _____

The site has been checked for open code violations and has:

☐ No open code case ☐ At least one open code case (place application on hold):

If so, describe: _____

The proposed use is:

☐ Approved (Permitted by right) ☐ Permitted with Entitlement approval: (CUP# _____) ☐ Not permitted

Restrictions/Conditions of Approval: _____

Notes: _____

Date of Approval/ Denial: _____ Date Approval Expires: _____

SIC Code: _____ Fee Received & Receipt Number: _____