

CITY OF MONTCLAIR
 5111 Benito St. (P O Box 2308), Montclair, CA 91763
 Phone (909) 625-9423
APPLICATION FOR BUSINESS LICENSE -- AFFIDAVIT

APPLICATION WILL NOT BE PROCESSED UNTIL ALL ITEMS ON THIS AFFIDAVIT AND THE ZONING & USE REVIEW HAVE BEEN COMPLETED

** PLEASE TYPE OR PRINT CLEARLY **

New Business Change of Address Change in Owner Home Occupation

1. Business Name (dba) _____ Expected Opening Date _____
 Corporate Name (if applicable) _____
2. Business Address _____ City & State _____ Zip _____
 Are you sharing this location with another business? NO YES Name _____
3. Mailing Address _____ City & State _____ Zip _____
4. Business Telephone () _____ Business e-mail: _____
5. Type of Business _____ Ownership Type: Corporation _____ Partnership _____ Sole Proprietorship _____
 If apartments, number of units _____ Unit Addresses _____
6. Owners/Officers (1) _____ Title _____ Home Phone () _____
 (2) _____ Title _____ Home Phone () _____
7. Home Address (Not required if Business and Professions Code Section 17538.5 is met)
 (1) _____ City & State _____ Zip _____
 (2) _____ City & State _____ Zip _____
8. State Resale No. _____ Identification # _____
 (COPY REQUIRED)
9. Building Owner _____ Phone () _____
10. Building Owner's Address _____ City & State _____ Zip _____
11. Describe in detail the type of business carried out at this location _____

12. Does your business require a state license? _____ Class/No. _____ 2nd e-mail: _____
13. Estimated Gross Receipts (for 12 months) _____

CONTACT INFORMATION

PROVIDE INFORMATION ON PERSON TO CONTACT WHO CAN ACCESS THE BUSINESS SHOULD POLICE OR FIRE OFFICIALS BE UNABLE TO REACH THE PERSONS LISTED ABOVE

Name Relationship/Title _____ Home Phone () _____ Home
 Address _____ City & State _____ Zip _____

ADDRESS WHERE APPLICANT CONSENTS TO RECEIVE SERVICE OF PROCESS

Name _____ Relationship/Title _____ Home Phone () _____
 Home Address _____ City & State _____ Zip _____

NOTICE: Business licenses are due prior to commencing operation and expire one year from the issue date, or as stated in the Montclair Municipal Code. Cumulative penalties accrue at the rate of 10 percent per month of delinquency up to 100 percent of the total license fee. Issuance of a business license in no way releases the issuee from compliance with any provision of federal, state, county and city statutes, ordinances, rules, regulations, or other law, including and without limitation to zoning, building, and health and safety laws. This application may be circulated to relevant federal, state, county, and city agencies and departments for inspection and law enforcement purposes.

I understand that this application is not proof of final approval of a license, permit, or tax certificate. This is only an *application* for one or more of these documents.

Applicant's Signature _____ Title _____ Date _____

PLEASE CONTINUE ON REVERSE SIDE

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Answer the following questions as they apply to this location:

- | | Yes | No | | | | | | | | | |
|--|--------------------------|--------------------------|----------|-------|-------|-------|-------|-------|-------|--|--|
| 1. Will your business distribute hand bills, advertising circulars or flyers? (ADDITIONAL PERMIT REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 2. Will your business involve any door to door soliciting? (ADDITIONAL PERMIT REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 3. Do you sell, dispense, or process any food or drink requiring a health permit?
If yes, Health Permit # _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 4. Does your business have a burglar/robbery alarm? (ADDITIONAL PERMIT REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 5. Will there be entertainment (including, but not limited to any of the types listed below)? (ADDITIONAL PERMIT REQUIRED)
Check appropriate box(es): <input type="checkbox"/> Live Performance (includes bands, disc jockey, etc.) <input type="checkbox"/> Dancing
<input type="checkbox"/> Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 6. Will you or your employees be giving massages or physical manipulation either at the location or after being sent to another location? (ADDITIONAL PERMIT REQUIRED) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 7. Will you be selling/serving alcoholic beverages? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 8. Will you be selling or showing material (movies, books, videos) depicting specified anatomical areas or sexual acts?(MMC Sec. 9-6.400) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 9. Will you have employees or yourself modeling or entertaining for someone (customers), nude or exposing genitals, buttocks or breasts at your location or after being sent to another location?(MMC Sec. 9-6.400) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 10. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory dating services? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 11. Will your business offer any type of service or product or entertainment which is characterized by an emphasis on matters depicting, describing, or relating to specified anatomical matters?(MMC Sec. 9-6.400) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 12. Will your business involve gambling, bingo, horse racing, or games of chance? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 13. Will the building be used for <input type="checkbox"/> education <input type="checkbox"/> instruction <input type="checkbox"/> worship <input type="checkbox"/> dining <input type="checkbox"/> counseling? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 14. Will your business have arcade machines/amusement devices? Video games? Vending machines?
If yes, list below (attach separate sheet if additional space is required): | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">TYPE</th> <th style="width: 33%; text-align: center;">LOCATION</th> <th style="width: 34%; text-align: center;">QUANTITY</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | TYPE | LOCATION | QUANTITY | _____ | _____ | _____ | _____ | _____ | _____ | | |
| TYPE | LOCATION | QUANTITY | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| 15. Will your business operation include any welding? <input type="checkbox"/> Acetylene <input type="checkbox"/> Arc | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 16. Will your business operation include spray painting? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 17. Will there be storage of more than 5 gallons of flammable liquid of any type? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 18. Will your operation include sanding, cutting, or shaping of wood or products producing combustible dust or fibers? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 19. Will there be storage of materials exceeding 12 feet in height or tire storage over 6 feet in height? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 20. Will there be repair of vehicles beyond the simple exchange of parts? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 21. Will your business operation include using water for any manufacturing, processing labs, pumping, cooling of equipment, heating and/or air conditioning, etc., or for any other industrial purpose? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 22. Are you doing any interior or exterior remodeling? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 23. Will there be any discharge of wastewater (other than sink and toilets) to the sewer system? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 24. Will your business require any equipment to treat your wastewater before discharge into the sewer system? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 25. Estimate gallons of water to be used each day _____ | | | | | | | | | | | |
| 26. Will there be any materials stored outside that, in the event of a storm, would cause pollutants to run off into the storm drain system? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 27. Will there be any hazardous materials used or stored on site (solvents, oils, acids, herbicides, or other non-domestic substances)?
If yes, state amount stored and the plan of disposal _____ | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |
| 28. Will your business be cooking on a commercial stove or fryer? | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | |

I declare under penalty of perjury that the foregoing is to the best of my knowledge and belief true and correct, and that I have read the above and understand all the conditions as stated therein.

Authorized Signature	Title	Date
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Reviewed by:	Initials	Remarks _____
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