



BELL GARDENS

7100 Garfield Avenue • Bell Gardens, California 90201 • 562.806.7700 • Fax 562.806.7720 • www.bellgardens.org

BUSINESS LICENSE ZONING COMPLIANCE REQUEST

Name of Business _____ Phone _____

Business Address _____
unit # city state zip code

Applicant Name _____ Phone _____

Applicant's Mailing Address _____
city state zip code

Property Owner Name _____ Phone _____

Property Owner's Address _____

- New Business
 Change of Ownership
 New Business Name
 Change of Address

Detailed Description of Business Activity on the Property: (Please attach additional sheet if necessary)

Total Building Square Feet	
Total Suite Square Footage	
Office Sq. Ft.	
Commercial Sq. Ft.	
Manufacturing Sq. Ft.	
Warehouse Sq. Ft.	

Number of Employees (including business owner(s))	
Number of Parking Spaces Required	
Number of Existing Signs	

Hours of Operation:

Mon	Tue	Wed	Thu	Fri	Sat	Sun

I hereby certify that all information provided above is accurate and correct.

Applicant's Signature

Date

Office Use Only
BLZC# _____
Date Submitted _____
<input type="checkbox"/> PAID (\$72.00 Fee)

The applicant shall comply with the following conditions of approval. Failure to comply with the conditions of approval may be a cause of the issuance of a citation by the City or possible revocation of the business license application. Final approval by the Community Development Department is NOT GRANTED until the conditions of approval listed below and on-site inspections are completed.

- _____ 1. The applicant shall submit 3 sets of sign plans to the Community Development Department for review and approval. Signs shall be subject to required permits from the Community Development Department prior to the installation of any new signs. Any unpermitted signs shall be removed from the property.
- _____ 2. Designated landscaping areas on the property shall be fully planted and adequately maintained at all times.
- _____ 3. Parking spaces shall be striped in accordance with the provisions contained in BGMC Chapter 9.38 (Parking & Loading).
- _____ 4. The subject property shall remain free of any debris, junk and trash at all times.
- _____ 5. Outdoor display and/or storage of merchandise shall be prohibited on the property at any time. Furthermore, all business operations shall be conducted inside the building at all times.
- _____ 6. Graffiti shall be removed from the property within 48 hours.
- _____ 7. Any damage to the exterior building walls, planters and fences shall be repaired.
- _____ 9. Remove all real estate signs from the subject site once the property is occupied.
- _____ 10. Exterior paint color proposed on the building shall be subject to review and approval by the Community Development Department. The applicant shall submit a paint sample for approval.
- _____ 11. **Prohibited Uses and Activities: All outdoor cultivation and commercial marijuana related uses and activities in all land use zones and overlay districts are strictly prohibited. The prohibited activities include but are not limited to (commercial and medical) marijuana cultivation facilities, marijuana storage facilities, marijuana testing facilities, marijuana product manufacturing facilities, marijuana cooperatives, marijuana dispensaries, marijuana delivery services, and marijuana providers. Refer to BGMC Chapter 9.21 – Prohibited Uses.**
- _____ 12. _____

STATEMENT OF PERJURY Declaración de perjurio

I declare under penalty of perjury the information on this application and other materials submitted in support of this application are true and correct. I acknowledge that if omissions or errors are found by the Community Development staff they will cause delays and/or discontinuation in the processing of my application.

I hereby agree to comply with the conditions of approval listed above and acknowledge receiving and reviewing the sign regulations included with the Business License Zoning Compliance packet.

Print Name
Nombre

Signature
Firma

Date
Fecha

Office Use Only

APN _____ Zoning Designation _____ Use Classification _____

Status: **PERMITTED** **DENIED**

Approved by:

Planning Division

Date

Building & Safety Division

Date



City of BELL GARDENS

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BUILDING AND SAFETY BUSINESS LICENSE QUESTIONNAIRE

Please answer the following questions:

Will you be doing any of the following modifications to the building to accommodate your business activities?

YES NO

___ ___ Will you be changing the use of the building. If so, what is the current use of the building? _____

___ ___ Installing or moving any interior walls or altering any portion of the building

___ ___ Installing or removing any plumbing fixtures or gas lines

___ ___ Installing or moving any electrical equipment/machines or electrical components

___ ___ Installing or modifying any ducts systems, HVAC, or exhaust fans

___ ___ Installing storage racks 5'-9" or greater in height

___ ___ Installing a spray booth

___ ___ Will you be handling or storing any Hazardous Materials through the course of your business?

If you checked YES to any of the above, you must obtain the required permits from the Building and Safety Division prior to starting the work.

Per BGMC Section 6.04.010, sub-section 106.1 Permits Required; No person shall erect, construct, enlarge, alter, repair, move, improve, remove, connect, convert, demolish, or equip any building, structure or portion thereof, or automatic fire protection system regulated by Chapter 9, perform any grading, or perform landscaping as regulated by Chapter 71, or cause the same to be done, without first obtaining a separate permit for each such building, structure, automatic fire protection system, grading or landscaping from the building official.

If you have any questions, please contact the Building and Safety Division at (562) 806-7700.

SIGNATURE _____

DATE _____



South Coast
 Air Quality Management District
 21865 Copley Drive, Diamond Bar, CA 91765-4182

Small Business Assistance Office
 1-800-388-2121
 smallbizassistance@aqmd.gov
 www.aqmd.gov

Air Quality Permit Checklist

South Coast Air Quality Management District developed this Air Quality Permit Checklist (checklist) as a screening evaluation tool in the process required by California Government Code Section 65850.2.

Please submit this checklist to the Small Business Assistance Office by email, mail, or in person for review. If you have any questions or need assistance completing this checklist, contact the Small Business Assistance Office. Provide a response to **all sections** of this checklist as South Coast AQMD may decline to approve this checklist due to lack of information from the applicant.

NOTE: This checklist is not intended for the approval of demolition or renovation activities. If there are any **demolition or renovation activities** that may disturb building materials, please contact the Asbestos Hotline at 909-396-2336.

Section A – Operator and Business Information

1. Business Name:	
2. Address:	
Street _____	City _____ CA _____
	Zip _____
3. Contact Name:	Phone:
Title:	Email:

Section B – Business and Equipment Description

Please provide a detailed description of the ongoing business operations performed and equipment used at this location, including both new and existing equipment.
 Provide the existing South Coast AQMD facility ID and/or permit numbers, if any.

Section C – Equipment List

Select from the list below equipment currently in operation or to be installed.
(Select all that apply and provide the specifications)

- | | |
|---|--|
| <input type="checkbox"/> Abrasive Blasting Cabinet/Room | <input type="checkbox"/> Soldering Oven |
| <input type="checkbox"/> Air Conditioning Systems (> 50 lbs of refrigerant) | <input type="checkbox"/> Spray Booth |
| <input type="checkbox"/> Application of Paints/Adhesives/Resins | <input type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Baghouse/Dust Collector | <input type="checkbox"/> Storage Silos |
| <input type="checkbox"/> Bakery Oven (gas-fired, excluding eating establishments) | <input type="checkbox"/> Fuel-burning equipment |
| <input type="checkbox"/> Boiler/Water Heater
(max. heat input = or > 1 million BTU/hr) | <input type="checkbox"/> OTHER equipment which may have the
potential to emit or control air
contaminants: |
| <input type="checkbox"/> Charbroiler | _____ |
| <input type="checkbox"/> Coffee Roaster (excluding eating establishments) | _____ |
| <input type="checkbox"/> Deep Fryer (excluding eating establishments) | _____ |
| <input type="checkbox"/> Dry Cleaning | _____ |
| <input type="checkbox"/> Electrostatic Precipitator | _____ |
| <input type="checkbox"/> Etching/Plating/Casting/Melting/Forging/Grinding/Cutting | _____ |
| <input type="checkbox"/> Fermentation | _____ |
| <input type="checkbox"/> Gasoline Storage & Dispensing | _____ |
| <input type="checkbox"/> Internal Combustion Engine
(rated > 50 bhp; e.g. back-up generator, fire pump) | _____ |
| <input type="checkbox"/> Mixing/Bleding of Liquids and/or Powders | _____ |
| <input type="checkbox"/> Molding/Extruding/Curing of Plastics | _____ |
| <input type="checkbox"/> Pharmaceutical/Nutraceutical | _____ |
| <input type="checkbox"/> Plasma/Laser Cutter | _____ |
| <input type="checkbox"/> Printing/Coating/Drying | _____ |
| <input type="checkbox"/> Refrigeration Systems (containing >50 lbs of refrigerant)
Contact the CA Air Resources Board to register the systems.
916-324-2517 or rmp@arb.ca.gov | _____ |

Section D - Business Self Certification

7. Owner or Authorized Representative*:

Title:

Signature:

Date:

Phone:

I hereby certify by my signature above that, I am a duly authorized representative of the above-named business, and that all information contained herein is true and correct.

South Coast AQMD USE ONLY	Equipment:	Approved By:
	<input type="checkbox"/> Applicant has permit(s) or registration(s):	
	<input type="checkbox"/> Applicant has filed for permit(s) or registration(s):	
	<input type="checkbox"/> Applicant is exempt from permit requirements:	
	<input type="checkbox"/> Based on the information provided, no equipment/process requiring a permit or registration.	

*An **Authorized Representative** is an employee of the business described in Section A, who is authorized to sign on behalf of the owner.

**CITY OF BELL GARDENS
BUSINESS LICENSE REQUIREMENTS
FOR
GENERAL BUSINESS**

(Store, market, travel agency, restaurant, auto repair,
clothing store, manufacturing, etc.)

PROCEDURES

Obtain zoning compliance form
Obtain business license application packet
Complete all application forms accurately
Submit all necessary documents
Pay all applicable fees

NECESSARY DOCUMENTS

California Driver's License or California Identification
Resale No. Seller's Permit (State Board of Equalization)
Social Security Card
DBA: Fictitious Business Name
(Copy of Articles of Corporation)
Health Permit (if needed)

NECESSARY APPROVALS

Planning & Zoning, Community Development
Police Department Background Investigation
Building & Safety
Fire Department
L.A. County Health Department
Industrial Waste Management
City Manager

**BUSINESS LICENSE WILL BE MAILED ONCE
ALL APPROVALS HAVE BEEN OBTAINED.**