



City of Glendora
BUSINESS LICENSE –
ZONING VERIFICATION

Planning Department
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Zoning verification is used by staff to determine that a proposed land use activity complies with the list of activities allowed in the applicable zoning district, the development standards applicable for specific types of uses, and any conditions of approval of permits previously issued for the subject site.

Business Information
Address:
Business Name:
Applicant Name:
Applicant phone number and email address:
Business Description: (please be specific and add a page if necessary)

Please answer each of the questions listed below.

1. New business at this location? Yes No
2. Does the business involve physical fitness classes or use of fitness equipment? Yes No
3. Do you plan to sell second-hand and/or consignment items? Yes No
4. Does the business involve body adornment, tattoo, or any related fields? Yes No
 If yes, please describe: _____
5. Does the business involve massage therapy, acupuncture, reflexology, or other similar treatments? Yes No
6. Will you sell alcoholic beverages? Yes No If yes, list ABC license type: _____
7. Will the business operation include the preparation of food or beverages? Yes No
8. Will the business include a drive-thru? Yes No
9. Will the business operation include entertainment, including, but not limited to, live performances (bands, soloists, DJ's, karaoke, etc.), dancing, or other? Yes No
10. Will the business include any type of adult entertainment? Yes No
11. Will the business operation include the sales or serving of tobacco products? Yes No
12. Does the business involve the sale, distribution, or use of marijuana? Yes No
13. Will the building be used for education, instruction, daycare, or worship? Yes No
 If yes, how many square feet is the tenant space? _____
 What is the maximum number of people anticipated at any given time, including staff and patrons? _____
14. Will the business operation include any outdoor storage, deliveries, and/or shipping? Yes No
15. Will the business operation include the repair or maintenance of motor vehicles? Yes No
16. Do the business operations include the sale of motor vehicles? Yes No
17. Will the business operation include the use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents? Yes No

Is this a home based business? Yes No

Home occupations as an accessory use to a single-family residence. The establishment and conduct of home occupations shall comply with all of the following requirements to ensure that the use will be compatible with, and not detrimental to, the neighborhood:

- a. There shall be no exterior evidence of the conduct of a home occupation.
- b. The home occupation shall be conducted only within the enclosed living area of the residence or an enclosed, roofed accessory building.
- c. There shall be no storage of hazardous materials.
- d. Only the residents of the residence shall be engaged in the home occupation.
- e. There shall be no sale of goods on the premises.
- f. The establishment and conduct of the home occupation shall not change the principal character of the residence.
- g. There shall be no signs posted other than those permitted in the zone in which the residence is located.
- h. The required residential off-street parking shall be maintained.
- i. The conduct of the home occupation shall not create greater vehicular or pedestrian traffic than is normal for the zone in which it is located.
- j. There shall be no outside storage of goods, supplies, equipment or other materials.
- k. There shall be no pickups or delivery of goods, supplies, equipment, or other materials, except between the hours of seven a.m. and six p.m.
- l. The conduct of the home occupation use shall not create noise levels in excess of those permitted in the zone in which the residence is located.

Declaration and Acknowledgment

I hereby certify and say, under penalty of perjury, that I am the applicant in the foregoing application, that I have read this Zoning Verification Form and know the content thereof, and can comply with the home occupation requirements above (if applicable), 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 approval, it will be only for the business and/or project that is described within this form and that I will be responsible for obtaining any necessary approvals or permits from the City of Glendora prior to the start of business operations.

Signature:

Date:

Staff Use Only

Zone:

Use Classification(s): (from citywide use table, Route 66 Specific Plan use table, or other applicable Specific Plan)

Determination

- Approved
 CUP/MCUP/ACUP Required
 Denied

- Allowed by right
 Allowed under existing CUP/MCUP/ACUP
CUP # _____
 Legal nonconforming/grandfathered

Restrictions/Conditions:

Notes:

Planner:

Date: