



ZONING BUSINESS LICENSE REVIEW

DRAFT

FOR COMMERCIALY LOCATED BUSINESSES

Business Name: _____ **Business Address:** _____
 Business Owner's Name: _____ Email: _____
 Lease Area: _____ square feet. Is this a sublease? **YES** **NO** If yes, _____ square feet

Describe Business Activity in DETAIL (type of business, items sold, services provided, etc.):

Additional business description or floor plan attached? **YES** **NO**

SECTION 1:	Yes	No				
Does this business sell alcohol? If No , mark and proceed to Section 2.						
If yes, indicate type(s) of alcohol sold:						
Beer?						
Wine?						
Distilled Spirits (Liquor)?						
If yes, indicate the type of alcohol sales:						
On-sale?						
Off-sale?						
Is the business a restaurant (bona fide eating place)?*						
*If the business is a restaurant selling ONLY beer and wine and closes by 10 p.m. daily, complete the Business License Form for Restaurants with Beer and Wine .						
Indicate the business hours of operation by day:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
SECTION 2:						

Does this business sell tobacco? **YES** **NO**

If **YES**, does the Business have a valid/active Tobacco Products Retailer's License? **YES** **NO**

***No new permits issued** [Hermosa Beach Municipal Code (HBMC) Chapter 5.78].

ADDITIONAL REGULATIONS FOR COMMERCIAL BUSINESSES:

- Prohibition of Plastic Single-Use Carryout Bags: Please review HBMC [Section 8.68.20](#)
- Prohibition of Food Packaging: Please review HBMC [Section 8.64.030](#)
- Prohibition of Smoking in Public Areas: Please review HBMC [Section 8.40.020](#)

I, (print name) _____ have read and understand the restrictions for a commercially located business as described herein and acknowledge that my business shall be in full conformance.

Business Owner's Signature _____ Date _____

***THIS APPLICATION MUST BE ACCOMPANIED BY A BUSINESS LICENSE APPLICATION (ATTACHED).**

PLANNING REVIEW: Approved Denied Zoning: _____ Reviewed By: _____ Date: _____