

CITY OF WESTMINSTER, CALIFORNIA  
PLANNING DIVISION

BUSINESS LICENSE NO.

DATE OF SUBMITTAL

## ZONING REVIEW FOR PROPOSED NON-RESIDENTIAL BUSINESSES

Thank you for doing business in the City of Westminster. We look forward to assisting you in your venture. Please carefully review the information below prior to completing the form.

Please complete this form only if this is a new business or an existing business moving to a new location. This form is not required when the proposed activity is limited to only a business name change, a change of business ownership with no other changes to the business, or a home-based business.

The first step in obtaining a business license is to verify if the City's zoning regulations permit the proposed business use at the proposed location. Your answers to the questions below will help our staff to make a determination in a timely manner. Please answer all of the questions below to help avoid any delays. If you have any questions, or comments, please feel free to call us at (714) 548-3247 during our regular business hours. Thank you for your cooperation. PLEASE TYPE OR PRINT CLEARLY.

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### PART A – General Business Information

Name of business \_\_\_\_\_

Address of business \_\_\_\_\_

Applicant name \_\_\_\_\_

Applicant's relationship to the business (*i.e. owner, employee, officer, partner*) \_\_\_\_\_

Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Number of employees at the business location \_\_\_\_\_

Hours of operation \_\_\_\_\_

Will the business operate between the hours of midnight and 6:00 am? \_\_\_\_\_

What is the size of the business? \_\_\_\_\_

Which of the following categories best summarizes your business?

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Retail Sales  | <input type="checkbox"/> Wholesale                              | <input type="checkbox"/> Auto Repair/body | <input type="checkbox"/> Nightclub  |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Warehouse                              | <input type="checkbox"/> Office           | <input type="checkbox"/> Auto sales |
| <input type="checkbox"/> Reflexology   | <input type="checkbox"/> Medical/dental                         | <input type="checkbox"/> Restaurant       | <input type="checkbox"/> Food-to-go |
| <input type="checkbox"/> Massage       | <input type="checkbox"/> Other ( <i>please explain</i> ): _____ |   |                                     |

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**PART B – Business Use Characteristics**

**I. EATING AND DRINKING ESTABLISHMENTS**

Yes      No

Do you propose to serve food and/or beverages of any kind? If “yes,” then answer all of the following questions in this category. If “no,” skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Will there be 12 or fewer seats (including outdoor seating)? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will there be 13 or more seats (including outdoor seating)? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you be serving beer and wine? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will you be serving distilled spirits? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is this a drive-through facility? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will there be any of the following entertainment offered:  |                          |                          |
| a. Dancing? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Live Music? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Karaoke? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Three (3) or fewer performers? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Four (4) or more performers? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other: _____ .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will the business be a <i>café</i> , where the principal business activity is the sale of brewed coffee, tea, and other non-alcoholic beverages for on-site consumption? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered “yes” above, answer the following:*
- |  |                          |                          |
|--|--------------------------|--------------------------|
| a. Will the business be located within an enclosed mall having no direct exterior access? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Will the business have no seats and a customer service area encompassing 250 square feet or less? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Will the hours of operation be limited to 6:30 a.m. to 9:00 p.m., Monday through Thursday, and 6:00 a.m. to 10:00 p.m., Friday, Saturday, and Sunday? ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**II. AMUSEMENT / ENTERTAINMENT ESTABLISHMENTS**

Yes      No

Is entertainment and/or any form of amusement (as defined in Title 17 of the WMC) the primary activity proposed at the business? If “yes,” then answer all of the following questions in this category. If “no,” skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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- |   |                          |                          |
|---|--------------------------|--------------------------|
| 1. Will you offer bowling, ice skating, and/or pool/billiards? .....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you offer dancing? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will you serve beer and wine? .....                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will you serve beer, wine and / or distilled spirits? .....              | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Will you require a cover charge for admittance? .....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will you offer any form of live entertainment (including karaoke)? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Will you offer games and/or rides? .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. How many seats will be provided inside the business? _____               |                          |                          |
| 9. How many seats will be provided outside the business? _____              |                          |                          |

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III. VEHICLES

Yes No

Does your proposed business involve products or services associated with vehicles? If "yes," then answer all of the following questions in this category. If "no," then skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Will you sell gasoline? .....
2. Will you provide car washing? .....
3. Will you install products (i.e. window tinting, sound systems, tires, etc.)? .....
4. Will you repair/replace vehicles parts? .....
5. Will you repair/paint vehicle bodies? .....
6. Will you sell vehicle parts or products? .....
7. Will you sell new vehicles? .....
8. Will you sell used vehicles? .....
9. Will you rent/lease vehicles? .....
10. Will you offer driving classes? .....
11. Will you provide any vehicle diagnosis, such as smog check? .....

<input type="checkbox"/>	<input type="checkbox"/>

IV. MEDICAL / DENTAL

Yes No

Will your proposed business involve health, medical or dental products or services? If "yes," then answer all of the following questions in this category. If "no," then skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Will this be a medical, dental or chiropractic office? .....
2. Will you provide accommodations for overnight stays? .....
3. Will you have a lab for testing samples? .....
4. Will you provide a pharmacy? .....
5. Will you sell any medical or dental product? .....

<input type="checkbox"/>	<input type="checkbox"/>

V. MASSAGE

Yes No

Will your proposed business include massage (as defined in WMC Section 5.32.020)? If "yes," then answer all of the following questions in this category. If "no," then skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Did the previous business in the subject tenant space include massage? .....
2. Are improvements to the tenant space required? .....
3. Will your establishment be located within 1,500 feet of another massage establishment? .....
4. Was a massage establishment permit revoked at the subject location? .....

<input type="checkbox"/>	<input type="checkbox"/>

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**VI. ADULT USE**

Yes      No

Will your proposed business involve any form of adult use, as defined in Chapter 17.700.010 (definitions of specialized terms and phrases) of the WMC? If "yes," then list the specific proposed adult uses below. If "no," skip to the next section.

<input type="checkbox"/>	<input type="checkbox"/>
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**VII. RETAILERS OF TOBACCO PRODUCTS, ELECTRONIC CIGARETTES, AND VAPOR CIGARETTES**

Yes      No

Will your proposed business devote 10 percent or more of the business floor area or display area to sales of tobacco products, electronic cigarettes, or vapor cigarettes? If "yes," then answer all of the following questions in this category. If "no," skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Is the establishment located within 500 feet of any public school? .....
2. Is the establishment located within a 1,500 foot radius of another tobacco product, electronic cigarette, and/or vapor cigarette retailer? .....

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**VIII. INDUSTRIAL**

Yes      No

Will an industrial activity be the primary purpose of the business? If "yes," then answer all of the following questions in this category. If "no," skip these questions.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Will there be any manufacturing or processing at the business? .....
2. Will warehousing be the primary activity of the business? .....
3. What percentage of the gross floor area will be devoted to office use? .....
4. Will goods be shipped from the business? .....
- a. If "yes," are all of the goods shipped from the premises also manufactured on the premises? .....
5. Will there be any outdoor storage of materials? .....
6. Will vehicles be stored at the premise? .....

<input type="checkbox"/>	<input type="checkbox"/>

**IX. COMMERCIAL (OTHER)**

Yes      No

Will the primary business activity involve a commercial use not listed in one of the above categories? If "yes," describe the proposed business type below. If "no," skip to Part C.

<input type="checkbox"/>	<input type="checkbox"/>
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1. Will you sell beer and wine for off-site consumption? .....
2. Will you sell distilled spirits for off-site consumption? .....
3. Please list any retail items sold from the business (if none are sold, state "none"):  

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4. Please list any business services provided (if none are provided, state "none"):  

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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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**PART C – Business Description**

Using the space below, please provide a detailed description of your proposed business. You may attach additional documents, such as certificates, photographs, plans, etc. to supplement your business description.

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**PART D – Affidavit**

I hereby declare under penalty of perjury that the responses I have given herein are true and correct to the best of my knowledge and belief.

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Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Planning Division Use Only	
Reviewed by _____	Date _____
Comments _____	
Determination _____	



# CITY OF WESTMINSTER

8200 Westminster Boulevard, Westminster, CA 92683

(714) 548-3258

Hours: M-TH 7:30 am - 5:30 pm F 7:30 am - 4:30 pm Closed Alternate Fridays

## BUSINESS LICENSE APPLICATION

**OFFICIAL USE ONLY**

Business License # \_\_\_\_\_

Planning Approval _____	Date _____	Conditions of Approval _____
Building Approval _____	Date _____	Conditions of Approval _____
Police Application _____	Date _____	Conditions of Approval _____

Business Name _____	Bus. Start Date _____
Corporate Name (if applicable) _____	Fictitious Name No. _____
Business Location _____ <i>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</i>	Resale No. _____
	Federal ID No. _____
Mailing Address _____	State ID No. _____
	State Lic. No. _____
Phone No. _____ Fax No. _____	State Lic. Type _____
Description of Business _____	Expire Date _____
Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Corp-Ltd Liability <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust	Email Address _____

**Enter below names of Owners, Partners, or Corporate Officers** (attach additional sheet, if necessary)

1st Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <i>(Cannot be P.O. Box)</i>		Driver Lic. No. _____
		Soc. Sec. No. _____ <i>(When other form of ID is not available)</i>
Home Phone No. _____	Cell / Pager No. _____	
2nd Owner Name _____	Title _____	Date of Birth _____
Home Address _____ <i>(Cannot be P.O. Box)</i>		Driver Lic. No. _____
		Soc. Sec. No. _____ <i>(When other form of ID is not available)</i>
Home Phone No. _____	Cell / Pager No. _____	

**In case of emergency, please contact** (PLEASE LIST ONLY THE PEOPLE WHO ARE ABLE TO RESPOND, WITH A KEY, WITHIN 30 MINUTES)

Contact Name _____	Title _____	Phone No. _____
Address _____		Cell / Pager No. _____

**Alarm Company, if applicable**

Company Name _____	License No. _____
Address _____	Phone No. _____

**Property Owner**  **Property Management, if applicable**

Name _____	Title _____	Phone No. _____
Address _____		

Estimated Gross Receipts for first year of operation	\$ _____	No. of Employees	_____	No. of Units	_____
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# CITY OF WESTMINSTER

## Business License Declaration

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### CHANGE OF OCCUPANCY / TENANT IMPROVEMENT STATEMENT

All new businesses requiring for changes of occupancy use and/or making remodels must submit plans, pay the appropriate fee, and obtain a city building permit prior to obtaining a business license.

Initial \_\_\_\_\_

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### SIGN / BANNER STATEMENT

All new businesses requiring a sign must submit plans and pay the appropriate fee to obtain a city sign permit. Banners, pennants and flags are considered temporary use and require a temporary sign permit.

Initial \_\_\_\_\_

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### WORKERS' COMPENSATION INSURANCE STATEMENT

I understand that under California law, I am required to carry workers' compensation insurance for my employees at all times. I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by worker's compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000. I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

I currently have employees:  yes  no

Initial \_\_\_\_\_

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### ALARM PERMIT REQUIREMENTS

I understand that the City of Westminster has a False Alarm Ordinance requiring a permit from the Police Department. I understand that as a business owner or manager, it is my responsibility to keep proper alarm records of the alarm company, a primary contact person, telephone number and any other pertinent information, updated with any changes. I understand that unpaid or excessive alarm contacts will be effecting true emergency responses to this location and civil penalties may occur.

Initial \_\_\_\_\_

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### NPDES REQUIREMENTS

Businesses shall conform to the requirements of the National Pollutant Discharge Elimination System. Business owners shall prevent polluted water from running into the storm drain systems.

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### ADA COMPLIANCE

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at [www.dgs.ca.gov/dsa/Home.aspx](http://www.dgs.ca.gov/dsa/Home.aspx). The Department of Rehabilitation at [www.rehab.cahwnet.gov](http://www.rehab.cahwnet.gov). The California Commission on Disability Access at [www.cdda.ca.gov](http://www.cdda.ca.gov).

It is acknowledged by the undersigned that if it is determined by the City that the business does not comply with all applicable federal, state and city laws, the business license may be revoked by the City. It is also acknowledged that any false statements made on the Business License Application are grounds for denial or revocation of the business license. I declare, under penalty of perjury under the laws of the State of California, that the information provided in this application is true and correct. This business license constitutes a receipt for the license fee and/or tax paid and shall have no other legal effect. Neither the payment of fees and/or taxes nor the possession of the business license permits or allows doing any act which would not be otherwise allowed by other code provisions or statutes. The issuance of a business license shall not be deemed or construed to be a permit to conduct or continue an illegal act or unlawful business prohibited by law or requiring other approvals which have not yet been obtained.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_