



CITY OF HUNTINGTON PARK

Community Development Dept. • Planning Division
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PRE-BUSINESS LICENSE ZONING CLEARANCE FOR NON-RESIDENTIAL BUSINESS

FOR OFFICE USE ONLY

Date Filed: _____ File No.: _____ Fee/Receipt No.: _____ Initials: _____

What is a Zoning Clearance? The purpose of a Zoning Clearance is to confirm that the proposed business is allowed by the Huntington Park Municipal Code. This is not an approval or permit to occupy a building, or an indication that the property meets all applicable code requirements. Prior to entering into a lease agreement, occupying, or making any improvements at the site, discuss your business with the Planning Division to be certain you can operate your business at the location.

PART A – GENERAL BUSINESS INFORMATION

Address of business: _____

Name of business: _____

Applicant Name: _____

Applicant's relationship to the business (e.g., owner, partner): _____

Phone: _____ Email: _____

Number of employees at this business location: _____

Hours of operation: _____

Will the business operate between the hours of midnight and 6am? _____

What is the size of the tenant space (in square feet): _____

Is this a business within a business? YES NO

Which of the following categories best summarizes your business?

Auto Repair/ Body Medical / Dental Restaurant

Auto Sales Nightclub/ Entertainment Retail Sales

Barber/ Beauty/ Nail Shops Office Wholesale

Educational Facility Other (please explain): _____

Manufacturing _____

ONLY FILL OUT SECTIONS APPLICABLE TO THE TYPE OF BUSINESS THAT IS PROPOSED

PART B – BUSINESS USE CHARACTERISTICS

	YES	NO
I. EATING AND DRINKING ESTABLISHMENTS		
1. Will there be indoor seating for customers?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will there be outdoor seating for customers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the food be “to-go” only?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you be serving beer and wine?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you be serving distilled spirits?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have an active Alcoholic Beverage Control license?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the establishment contain a bar, lounge, or tavern?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is this a drive-through facility?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will any of the following entertainment be 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"/>
II. ASSEMBLY	YES	NO
1. Will this be an educational facility? Including vocational / trade school?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will this be billiard/ pool center?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will this be a dance hall/ club?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will this be a banquet hall, lodge, or conference hall?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will beer and wine be offered?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have an active Alcoholic Beverage Control license?	<input type="checkbox"/>	<input type="checkbox"/>
III. MEDICAL/ DENTAL	YES	NO
1. Will this be a medical, dental or chiropractic office?	<input type="checkbox"/>	<input type="checkbox"/>
2. List services provided on site:		
3. Will this be a hospital?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you provide accommodations for overnight stays?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you have a laboratory?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will you provide a pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>

IV. MANUFACTURING/ INDUSTRIAL **YES** **NO**

1. Will there be any manufacturing or processing at the business?
2. List items manufactured or processed on site:

3. Will there be food and/ or beverage processing at the business?
4. Will warehousing be the primary activity of the business?
5. Will goods be shipped from the business?
6. Will there be any outdoor storage of materials?
7. Will vehicles be stored at the premise?
8. Will work be conducted inside an enclosed structure?
9. Will work be conducted outside?

V. MINI MARKET **YES** **NO**

1. Will you sell beer and wine for off-site consumption?
2. Will you sell distilled spirits for off-site consumption?
3. Do you have an active Alcoholic Beverage Control license?
4. Will you sell tobacco products?
5. Do you have an active tobacco license?
6. Will Check Cashing services be offered?
7. Will currency exchange services be offered?
8. Will vending machines be located on site?

VI. RETAIL SALES/ COMMERCIAL **YES** **NO**

1. Is the primary use of the business retail sales?
2. List any retail items sold from the business:

3. List any business services provided:

4. Will items be sold at discount prices?
5. Will items be sold at wholesale?
6. Will secondhand items be sold?

VII. VEHICLE SALES/ SERVICES/ REPAIR

YES NO

1. Will you sell gasoline?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will you provide car washing?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will you install products?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you repair/ replace vehicle parts?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will you sell vehicle parts or products?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will vehicle wheel and tire sales and installation be conducted on site?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will you sell new vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will you sell used vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will you provide upholstery services?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will you rent/ lease vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will you offer driving classes?	<input type="checkbox"/>	<input type="checkbox"/>
12. Will you provide any vehicle diagnosis? Such as smog check	<input type="checkbox"/>	<input type="checkbox"/>
13. Will work be performed outside?	<input type="checkbox"/>	<input type="checkbox"/>
14. Will work be performed in an enclosed structure?	<input type="checkbox"/>	<input type="checkbox"/>

PART C – BUSINESS DESCRIPTION

Use the space below to provide a detailed description of your proposed business.

PART D – FLOOR PLAN

Use the space below to provide a floor plan identifying dimension of the proposed space, all entrances/ exits, showing proposed and existing rooms, offices, walls, windows, etc.

PART E - TENANT IMPROVEMENTS

ARE YOU PROPOSING CHANGES TO THE BUILDING? YES NO

INTERIOR REMODEL

Includes but is not limited to creating partition walls, electrical, and plumbing upgrades.

EXTERIOR REMODEL

Includes but is not limited to façade improvements.

SIGNAGE

Per Sec. 9-3.1205 of the Huntington Park Municipal Code a permit is generally required for signs.

A sign application must be reviewed and approved prior to placement of signage on a building.

Failure to comply is a violation and subject to citation.

I ACKNOWLEDGE (INITIAL) _____

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I/We certify that all statements made on this application are true and complete to the best of my knowledge. I/We understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I/We further certify that I am, or have permission by, the property owner to conduct the proposed business applied for herein.

Signature of Applicant

Date

FOR PLANNING DIVISION STAFF (REVISED 02/06/23)			
USE CLASSIFICATION:			
ZONING DISTRICT:		GENERAL PLAN DESIGNATION:	
PREVIOUS USE/BUSINESS:			
OFF-STREET PARKING REQUIREMENT:		SAME AS PREVIOUS USE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> PERMITTED	<input type="checkbox"/> PERMITTED W/ ENTITLEMENT	<input type="checkbox"/> DENIED	
REVIEWED BY:		NOTES (MAY INCLUDE ENTITLEMENT INFORMATION/ NON-CONFORMING STATUS):	
PLANNER SIGNATURE:			
DATE:			