



Please complete the following questions:

1. Will you serve or sell or allow:

Food? Y N **If yes:** Breakfast Lunch Dinner

Alcohol? Y N **If yes:** Beer Wine Liquor

*If you are selling beer and wine only, no later than 10:00 pm, and in conjunction with a restaurant, you will need to fill out the [Business License Form for Restaurants with Beer and Wine until 10:00 p.m.](#)

Do you have or are you proposing to obtain:

Alcoholic Beverage License (**If yes**, please provide a copy of ABC License)

Cigarette and Tobacco Products Retailer's License

Does the existing site have a valid/active [Tobacco Products Retailer's License](#)? Y N

If No, then no new Tobacco Retailers can be established per [HBMC Chapter 5.78](#).

None of the above

2. **ENTILTIELEMNT.** Does your business include any of the following which may possibly require a Conditional Use Permit or amendment?

Y N Autobody Work/Welding

Y N Open after 10:00 p.m.

Y N Massage (if more than 25% of floor area of the business per HHMC 17.04)

Y N Dancing/Live Entertainment

Y N Tobacco

Y N Adult Business (i.e. X-rated materials)

Y N Classes or groups

If yes, reference [HBMC Chapter 17.40](#) for additional standards.

3. **PARKING.** Does your proposed use have parking available pursuant to [HBMC Chapter 17.44](#)?

Y N How many spaces are available? _____

Is there a shared parking plan for all uses on-site? (if unsure ask property management) Y N

4. **TENANT SPACE.** Will your business be occupying the entire leasable space of the building or will you be sub-leasing space from a business? Sole tenant Sub-leasing

If sub-leasing, which business are you sub-leasing from? _____

5. Will you be altering, adding to, remodeling, modifying or replacing any of the following:

Building? (Interior or exterior alterations) Y N

If yes, please describe:

Electrical? (Outlets, electrical service, etc.)

Y N

If yes, please describe:



Plumbing? (Sinks, kitchen, drains, water heater, bathroom, irrigation, etc.)

Y N

If yes, please describe:

Mechanical? (Heating, air conditioning, ventilation, fans, ducting, etc.) Y N

If yes, please describe:

6. **SIGNS.** Permits are required for permanent, temporary, and A-frame signs pursuant to HBMC Chapter 17.50.

Do you plan to have any signs, install any new signs or change any existing signs on the building or property? (Failure to obtain a sign permit before installing will result in a citation.)

Y N

If yes, apply for a [permanent sign permit](#).

Do you plan to have any temporary banners or advertising? Y N

If yes, apply for a [temporary sign permit](#).

Do you plan to have any A-frame signs? Y N (A-frame signs are prohibited on the M-1 zone and along Pacific Coast Highway right-of-way (sidewalk) due to CalTrans jurisdiction)

If yes, apply for an [A-frame permit](#).

7. Will you be installing a mural on the building? Y N **If yes,** apply for a [Mural Review Determination](#).

8. Will trash/recycling/solid waste facilities/capacity/frequency be installed/altered? Y N

9. Do you have fire protection equipment for your building? (Check with Property Management company).

Y N Not Sure

If yes, please check appropriate boxes:

- | | |
|---|--|
| <input type="checkbox"/> Sprinkler System | <input type="checkbox"/> Hood System |
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Alarm Systems |
| <input type="checkbox"/> Others _____ | |

10. Do you use, store on site or have any of the following materials as part of your business? Y N

If yes, check appropriate boxes:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Flammables | <input type="checkbox"/> Pesticides |
| <input type="checkbox"/> Herbicides | <input type="checkbox"/> Fertilizers |
| <input type="checkbox"/> Compressed Gas Cylinders | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Radioactive Material | <input type="checkbox"/> Corrosives |

11. Will there be 50 or more people on site at any time including employees, customers and others? Y N

If yes, an [occupant load review](#) may be required by the City's Building Official.

12. Will you be offering delivery services? Y N

If yes, where are the materials/products/vehicle(s) stored?



13. Will products/materials be assembled/produced at the business location? Y N

If yes, describe type of products/materials and process involved: _____

14. Will products be delivered on site? Y N

If yes, how often (daily, weekends limited days only?), at what times? Where (show on google map)? and by what type of vehicle:

15. What is the name of the previous tenant of the space you wish to occupy?

16. **Please read the following and initial.**

HBMC Section 8.68.020 Plastic single-use carryout bags prohibited.

No affected retail establishment shall provide plastic single-use carryout bags to customers for the purpose of carrying away goods from the point of sale. Nothing in this chapter prohibits customers from using bags of any type that they bring to the store themselves or from carrying away goods that are not placed in a bag, in lieu of using bags provided by the store. (Ord. 15-1356 §2 (part), 2015)

Initial: _____

HBMC Section 8.64.030 Food packaging prohibitions.

A. No Food Provider shall distribute or sell Prepared Food in any Polystyrene Food Service Ware at any location within the City of Hermosa Beach. Food Providers that distribute Prepared Food in Disposable Food Service Ware shall (1) distribute only Disposables that exhibit a Recycle Code other than No. 6 or PS, or (2) maintain documentation onsite of the composition of the Disposable Food Service Ware. Documentation may include information from the supplier, manufacturer, or bulk packaging for the Disposables, and any other relevant information demonstrating that the disposable material is not polystyrene.

B. No Person shall distribute or sell Prepared Food in any Polystyrene Food Service Ware at City Facilities that have been rented, leased or are otherwise being used with permission of the City. This Subsection is limited to use of City facilities for which a Person has entered into an agreement with the City to rent, lease or otherwise occupy a City facility. All facility rental agreements for any City facility shall include a provision requiring contracting parties to assume responsibility for preventing the utilization and/or distribution of Polystyrene Food Service Ware while using City facilities. The facility rental agreement shall indicate that the violating contractor’s security deposit will be forfeited if the City Manager or his/her designee determines that Polystyrene Food Service Ware was used in violation of the rental agreement.

C. No Person shall use or distribute Polystyrene Food Service Ware at City-sponsored events, City-managed concessions and City meetings open to the public. This subsection shall apply to the function organizers, agents of the organizers, City Contractors, Food Providers and any other Person that enters into an agreement with one or more of the function sponsors to sell or distribute Prepared Food or otherwise provide a service related to the function.

D. The City of Hermosa Beach, its Departments, and its City Contractors, agents, and employees acting in their official capacity, shall not purchase or acquire Polystyrene Food Service Ware, or distribute it for public use.

Initial: _____



City of Hermosa Beach

Community Development Department | Planning Division

1315 Valley Drive, Hermosa Beach, CA 90254

o: 310-318-0242 e: planning@hermosabeach.gov

Office Hours: Monday – Thursday 7:00 AM – 6:00 PM

HBMC Section 8.40.020 Prohibition of smoking in public places.

A. In addition to all places where smoking is prohibited under state or federal law, in which case those laws apply, no person shall smoke in, and smoking areas shall not be established or designated in, all of the following areas: (1) Outdoor dining areas; (2) Public places; (3) Outdoor places of employment; (4) All city-owned vehicles; and (5) Within five (5) feet of the entrance, divider, opening or doorway to any outdoor dining area where smoking is prohibited by this chapter.

B. No employer, owner, operator, manager, employee or other person having control of a place of employment or a public place shall knowingly permit smoking in an area in which smoking is prohibited by law. This subsection does not require the physical ejection of any person from the business or the taking of steps to prevent smoking under circumstances that would involve a significant risk of physical harm.

C. No employer, owner, operator, manager, employee or other person having control of an outdoor dining area, restaurant, snack shop or alcohol beverage establishment (on-sale) shall place matchbooks or ashtrays on tables or otherwise make matchbooks, matches, ashtrays or receptacles for smoking waste available to patrons.

D. Nothing in this chapter prohibits any person or employer with legal control over any property from prohibiting smoking on any part of such property, even if smoking is not otherwise prohibited in that area. (Ord. 16-1367 §2, 2016; Ord. 11-1328 §3, 2011; Ord. 06-1267 §1, 2006; Ord. 98-1175 § 1, 1998; Ord. 94-1111 § 1, 1994; Ord. 93-1091 § 1, 1993; prior code § 141/2-5)

Initial: _____

Business Owner's Signature: _____ **Date:** _____



For Office Use Only:

PLANNING DIVISION:

Zone: C-1 C-2 C-3 M-1 SPA ____

What is the name and type of use of the previous tenant (check with Finance Cahier): _____

Prohibited Use? Denied

Permitted Use? Yes No

Approved Denied If denied, list why (i.e. insufficient parking): _____

Use Requires a New Land Use Entitlement? Yes No If Yes, (list application type(s)) _____

Prior Land Use Entitlement at this location: Yes No

If yes, case # _____ and Resolution #: _____

Amendment Required? Yes No Abandonment Required? Yes No

Special Condition(s)/Notes, if applicable: _____

Additional Permits Required: Yes No

If yes, what permits are required? Permanent Sign Temporary Banner

A-Frame Permit (New or Renewal) Mural Review Limited Outdoor Seating Permit

Limited Live Entertainment Permit Minor Special Event Permit Business

License Review (Beer/wine before 10 pm) Limited Outdoor Retail Permits

Additional info/notes: _____

Staff Signature: _____ Date: _____

BUILDING & SAFETY DIVISION:

Permits Required: Yes No

If yes, what permits are required? Building Plumbing Electrical Mechanical

Occupant Load Plan Possible Staging/Encroachment Permit (check with Public Works Department)

Additional info/notes: _____

Inspection Required: Yes No

If yes, are permit(s) final? Yes No

Additional info/notes: _____

Staff Signature: _____ Date: _____

FINANCE CASHIER DEPARTMENT

Business License Number: _____

Issued Date: _____

Notes: _____

Fire Inspection Date: _____ Fire Inspector Initial: _____

Fire Inspection: Passed Failed

Staff Signature: _____ Date: _____



CITY OF HERMOSA BEACH

1315 Valley Drive • Hermosa Beach, California 90254
 Attn: Business License • (310) 318-0206 • FAX (310) 937-5959

• Please Check One •

- NEW APPLICATION
- CHANGE OF OWNER
- CHANGE OF ADDRESS
- CHANGE OF BUS NAME
- HOME OCCUPATION

BUSINESS LICENSE APPLICATION

Business Name _____ Corporate Name _____ <small>(If Different)</small> Business Location _____ <small>(Not P. O. Box)</small> City _____ State _____ Zip _____ Bus. Phone () _____ Mailing Address _____ <small>(if Different)</small> City _____ State _____ Zip _____ Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Ltd Liability Corp.	• OFFICIAL USE ONLY • LICENSE NO. _____ EXPIRATION DATE _____ SIC CODE _____ RATE TYPE _____ REGISTERDATE _____ CHECK# _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD
Tax I. D. No. or Social Security No. _____	

Start Date	Description of Business	
Bus. Fax () _____	Email Address _____	Website _____
State Lic. No. _____	License Type _____	Resale No. _____

PERSONAL INFORMATION - Enter below names of Owners, Partners, or Corporate Officers - Use Additional Sheets as necessary

Owner Name _____	Title _____	Phone () _____
Home Address _____	Cell Phone () _____	
City _____	State _____	Zip _____
Owner Name _____	Title _____	Phone () _____
Home Address _____	Cell Phone () _____	
City _____	State _____	Zip _____

Emergency Notification - In case of an emergency and I cannot be reached, please call:

Name _____	Title _____	Phone () _____
Address _____	Cell Phone () _____	
City _____	State _____	Zip _____

Alarm System (if applicable)

Name _____	Phone () _____
Address _____	License No. _____

PLEASE FILL IN THE APPROPRIATE BOXES BELOW AND SIGN ON REVERSE SIDE		FOR CITY USE ONLY																						
Gross Receipts \$ <input style="width: 150px;" type="text"/>		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">Base Tax</td><td style="width: 40%; text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Gross Receipt Tax</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>(Credit)</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Vehicle/Unit Tax</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Vending Machine Tax</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Employee Tax</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Surcharge</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>State CASp Fee</td><td style="text-align: right;">\$ 4.00</td></tr> <tr><td>Grease Trap Fee</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>Application Fee</td><td style="text-align: right;">\$ <input style="width: 80px;" type="text"/></td></tr> <tr><td>TOTAL AMOUNT DUE</td><td style="text-align: right; border: 2px solid black;">\$ <input style="width: 100px;" type="text"/></td></tr> </table>	Base Tax	\$ <input style="width: 80px;" type="text"/>	Gross Receipt Tax	\$ <input style="width: 80px;" type="text"/>	(Credit)	\$ <input style="width: 80px;" type="text"/>	Vehicle/Unit Tax	\$ <input style="width: 80px;" type="text"/>	Vending Machine Tax	\$ <input style="width: 80px;" type="text"/>	Employee Tax	\$ <input style="width: 80px;" type="text"/>	Surcharge	\$ <input style="width: 80px;" type="text"/>	State CASp Fee	\$ 4.00	Grease Trap Fee	\$ <input style="width: 80px;" type="text"/>	Application Fee	\$ <input style="width: 80px;" type="text"/>	TOTAL AMOUNT DUE	\$ <input style="width: 100px;" type="text"/>
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Number of Employees Full Time <input style="width: 40px;" type="text"/> Part Time <input style="width: 40px;" type="text"/>																								
Number of Vehicles <input style="width: 100px;" type="text"/>																								
Total Number of Units <input style="width: 100px;" type="text"/>																								
Owner Exempt Unit <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Number of Days Open after 12 AM <input style="width: 100px;" type="text"/>																								
Circle the Days Open after 12 AM Mon. Tues. Wed. Thurs. Fri. Sat. Sun.																								
Number of Vending Machines <input style="width: 100px;" type="text"/>																								
<p><i>Thank you for doing business in the City of Hermosa Beach</i></p>		<p>PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH</p>																						

NOTICE: 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 - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

