



**CITY OF HERMOSA BEACH**  
 COMMUNITY DEVELOPMENT DEPARTMENT | PLANNING DIVISION  
 1315 VALLEY DRIVE | HERMOSA BEACH | CA 90254  
 FOR QUESTIONS PLEASE CONTACT [PLANNING@HERMOSABEACH.GOV](mailto:PLANNING@HERMOSABEACH.GOV) OR CALL (310) 318-0242  
**Office Hours:** Monday to Thursday, 7:00 a.m. to 6:00 p.m.

## APPLICATION FOR COMMERCIAL BUSINESS LICENSE\*

\*This application is for a **Commercial Business**\* If your business is a home occupation and located in a residential zone, please complete the [Home Occupation Business License Application](#). If your business is a short-term rental, please complete the [Short-Term Vacation Rental Application](#).

**Please Check One**

- New Application
- Change of Address
- Change of Ownership

**Address of Business:** \_\_\_\_\_

**Suite #:** \_\_\_\_\_ **Lease Area Square footage:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Website:** \_\_\_\_\_

**Business Owner's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Property Owner's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Describe Business Activity in DETAIL** (type of business, items sold, services provided, hours of operation):

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**The property is located in zone:**  C-1  C-2  C-3  M-1  SPA-\_\_\_\_\_

If you are unsure of the zone in which the property is located, reference the City's [Zoning Map](#).

**Which land use will you be operating under** (check all that apply, some uses are permitted by-right others require a conditional use permit (CUP)):

- Retail  Office  Service  Restaurant  Wholesale  Medical  Fitness Center/Assembly Hall
- Other: \_\_\_\_\_

Consult the land use regulation table in the zoning code to ensure the proposed use is permitted under the applicable zone. Each land use listed in permitted land use regulations table (see below for reference) is defined in [HBMC Chapter 17.04](#) (Definitions).

<b>Zone</b>	<b>Permitted Land Use Regulation Table Location</b>
C-1, C-2, C-3	<a href="#">HBMC Section 17.26.030</a>
M-1	<a href="#">HBMC Section 17.28.020</a>
SPA	<a href="#">HBMC Chapter 17.38</a>

**NOTE:** Some uses are permitted by-right in certain zones while other uses may require a conditional use permit (CUP) or may be prohibited. A land use that is not listed in the permitted land use regulation table is **not allowed**, unless the Community Development Director finds that the proposed use is similar to, compatible with, and is consistent with the purpose of the zone, the General Plan, and the new use will not involve a greater intensity than a listed use.

**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 Adult Business (i.e. X-rated materials)

Y  N Tobacco

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:

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

**If yes,** please describe:

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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:

- Sprinkler System
- Fire Extinguishers
- Others \_\_\_\_\_
- Hood System
- Alarm Systems

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:

- Flammables
- Herbicides
- Compressed Gas Cylinders
- Radioactive Material
- Pesticides
- Fertilizers
- Explosive
- 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?

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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:** \_\_\_\_\_

**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

• OFFICIAL USE ONLY •

Business Name \_\_\_\_\_

Corporate Name \_\_\_\_\_

(If Different)

Business Location \_\_\_\_\_

(Not P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

(if Different)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership:  Corporation  Partnership  Trust  
 Sole Proprietor  Ltd Liability Corp.

Tax I. D. No. or Social Security No. \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIC CODE \_\_\_\_\_

RATE TYPE \_\_\_\_\_

REGISTERDATE \_\_\_\_\_

CHECK# \_\_\_\_\_  CASH

CREDIT CARD

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 \$ \_\_\_\_\_

Number of Employees Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Number of Vehicles \_\_\_\_\_

Total Number of Units \_\_\_\_\_

Owner Exempt Unit  Yes  No

Number of Days Open after 12 AM \_\_\_\_\_

Mon. Tues. Wed.

Circle the Days Open after 12 AM Thurs. Fri. Sat. Sun.

Number of Vending Machines \_\_\_\_\_

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](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).

Base Tax	\$
Gross Receipt Tax	\$
(Credit)	\$
Vehicle/Unit Tax	\$
Vending Machine Tax	\$
Employee Tax	\$
Surcharge	\$
State CASp Fee	\$ 4.00
Grease Trap Fee	\$
Application Fee	\$

TOTAL AMOUNT DUE \$ \_\_\_\_\_

*Thank you for doing business in the City of Hermosa Beach*

PLEASE MAKE CHECK PAYABLE TO THE CITY OF HERMOSA BEACH

