



# CITY OF SOUTH PASADENA

1414 Mission Street  
South Pasadena, California 91030  
(626) 403-7257

*Please Check One*

New Application

Change of Owner

Change of Address

Change of Business Name

Home Occupation

## BUSINESS LICENSE APPLICATION

**PLEASE TYPE OR PRINT CLEARLY, USING INK. ALL SECTIONS MUST BE COMPLETED** **OFFICIAL USE ONLY**

<b>Business Name</b> _____ <b>Corporate Name</b> (if applicable) _____ <b>Business Location</b> _____ <small>(Cannot be P.O. Box per State of California Business &amp; Professions Code-Section 17538.5)</small> <b>Mailing Address</b> _____ <b>Phone No.</b> _____ <b>Fax No.</b> _____ <b>Description of Business</b> Please Check Appropriate Box For Your Type Of Business: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Retail / Wholesale</td> <td><input type="checkbox"/> Gardener</td> <td><input type="checkbox"/> Service</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Bus. By Vehicles</td> <td><input type="checkbox"/> Professional</td> </tr> <tr> <td><input type="checkbox"/> Contractor</td> <td><input type="checkbox"/> Admin. Office</td> <td><input type="checkbox"/> Residential Prop. Rentals</td> <td><input type="checkbox"/> Commercial Property Rentals</td> <td></td> <td></td> </tr> </table>	<input type="checkbox"/> Retail / Wholesale	<input type="checkbox"/> Gardener	<input type="checkbox"/> Service	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Bus. By Vehicles	<input type="checkbox"/> Professional	<input type="checkbox"/> Contractor	<input type="checkbox"/> Admin. Office	<input type="checkbox"/> Residential Prop. Rentals	<input type="checkbox"/> Commercial Property Rentals			<b>Business License No.</b> _____ <b>Bus. Start Date</b> _____ <b>Resale No.</b> _____ <b>Federal ID No.</b> _____ <b>State ID No.</b> _____ <b>State Lic. No.</b> _____ <b>State Lic. Type</b> _____ <b>Expire Date</b> _____ <b>Email Address</b> _____ <b>Ownership</b> <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Partnership</td> </tr> <tr> <td><input type="checkbox"/> Corp-Ltd Liability</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Sole Proprietor</td> <td></td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp-Ltd Liability	<input type="checkbox"/> Trust	<input type="checkbox"/> Sole Proprietor	
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**Enter below names of Owners, Partners, or Corporate Officers** (attach additional sheet, if necessary):

<b>1st Owner Name</b> _____ <b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Title</b> _____	<b>Phone No.</b> _____ <b>Cell / Pager No.</b> _____ <b>Driver Lic. No.</b> _____ <b>Soc. Sec. No.</b> _____
<b>2nd Owner Name</b> _____ <b>Home Address</b> <small>(Cannot be P.O. Box)</small> _____	<b>Title</b> _____	<b>Phone No.</b> _____ <b>Cell / Pager No.</b> _____ <b>Driver Lic. No.</b> _____ <b>Soc. Sec. No.</b> _____

**In case of emergency, please contact** (attach additional sheet, if necessary):

<b>Contact Name</b> _____ <b>Address</b> _____ <b>Property Manager</b> _____ <b>Address</b> _____	<b>Phone No.</b> _____ <b>Cell/Pager No.</b> _____ <b>Phone No.</b> _____ <b>Cell/Pager No.</b> _____
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<p align="center"><b>FOR OFFICE USE ONLY</b></p> <table style="width: 100%;"> <tr> <td>Date Paid</td><td><input type="text"/></td> <td>Tax Rate Code</td><td><input type="text"/></td> </tr> <tr> <td>Certificate #</td><td><input type="text"/></td> <td>Receipt / Trans. #</td><td><input type="text"/></td> </tr> <tr> <td>Expiration Date</td><td><input type="text"/></td> <td>Occupancy Permit #</td><td><input type="text"/></td> </tr> <tr> <td>SIC</td><td><input type="text"/></td> <td>BCC</td><td><input type="text"/></td> </tr> </table>	Date Paid	<input type="text"/>	Tax Rate Code	<input type="text"/>	Certificate #	<input type="text"/>	Receipt / Trans. #	<input type="text"/>	Expiration Date	<input type="text"/>	Occupancy Permit #	<input type="text"/>	SIC	<input type="text"/>	BCC	<input type="text"/>	<table style="width: 100%;"> <tr> <td>No. of Professional Employees</td><td><input type="text"/></td> </tr> <tr> <td>No. of Vehicles</td><td><input type="text"/></td> </tr> <tr> <td>No. of Units</td><td><input type="text"/></td> </tr> <tr> <td>No. of Employees</td><td><input type="text"/></td> </tr> </table> <p>Liquor License <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Residential/Commercial Property Rental Business, give total number of rental units.</p> <p>List address below:</p> <p>_____</p> <p>_____</p>	No. of Professional Employees	<input type="text"/>	No. of Vehicles	<input type="text"/>	No. of Units	<input type="text"/>	No. of Employees	<input type="text"/>	<table style="width: 100%;"> <tr> <td>License Fee</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Employee Fee</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Unit Fee</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Vehicle Fee</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Water/BackFlow</td><td>\$ <input type="text"/></td> </tr> <tr> <td>B. I. T.</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Application Fee</td><td>\$ <input type="text"/></td> </tr> <tr> <td>C.O.O.</td><td>\$ <input type="text"/></td> </tr> <tr> <td>Zone</td><td>\$ <input type="text"/></td> </tr> <tr> <td><b>Total Amount Due</b></td><td><b>\$ <input type="text"/></b></td> </tr> </table> <p align="center"><b>PENALTY OF 5% PER MONTH OF ANNUAL FEE (SECTION 18.9) SPMC</b></p>	License Fee	\$ <input type="text"/>	Employee Fee	\$ <input type="text"/>	Unit Fee	\$ <input type="text"/>	Vehicle Fee	\$ <input type="text"/>	Water/BackFlow	\$ <input type="text"/>	B. I. T.	\$ <input type="text"/>	Application Fee	\$ <input type="text"/>	C.O.O.	\$ <input type="text"/>	Zone	\$ <input type="text"/>	<b>Total Amount Due</b>	<b>\$ <input type="text"/></b>
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I DECLARE UNDER PENALTY OF PERJURY THAT THIS APPLICATION HAS BEEN EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE STATEMENT OF FACTS.

Signature of Owner or Representative: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN APPLICATION TO ABOVE ADDRESS AND MAKE CHECK PAYABLE TO CITY OF SOUTH PASADENA.**

## **SIGNS FOR YOUR BUSINESS**

Design Review (a public hearing process) is required for all signs in South Pasadena.

Approval of your business license application does not constitute approval for any signs.

A banner permit is required for temporary signs.

Please contact the Planning department (626 403 7220) for details.



**Zone Clearance Form**

City of South Pasadena  
Planning and Building Department  
1414 Mission Street, South Pasadena 91030

Zone Clearance No. \_\_\_\_\_  
*For Office Use Only*

**COMMERCIAL BUSINESSES (Application Fee: \$20)**

A Business License is required for all nonresidential activities in the city, including commercial office and retail, industrial, etc. All applicants requiring a Business License must apply for a Zone Clearance. This allows the Planning department to review your business description to check for its compliance with the Municipal Code, any previous permits, and active covenants. Please complete the front portion of this form and attach it to the Business License application.

**Tenant Improvements**

Often, a new business will need to make tenant improvements within the building or space. Such improvements include the construction of partition walls, lighting installation, new plumbing fixtures, various mechanical equipment, etc. Please contact the Building Department at (626) 403-7224 to inquire about any permits you might need.

**Signs and Façade Improvements**

If you are planning to install a new sign for your business or if you are making façade improvements (does not include just painting) to the outside of your building, you will need approval from the Design Review Board (DRB). The City's DRB maintains a high regard for the City's aesthetic architecture and design. The DRB is there to assure stylistic compatibility with the building and the surrounding neighborhood. Please contact the Planning department if you have any questions regarding your submittal at (626) 703-7220.

Please check all that apply to your business:

- My business will require tenant improvements.
- My business will not require tenant improvements.
- My business will require a sign and/or façade changes.

Business/Company Name: \_\_\_\_\_

Business Owner's Name \_\_\_\_\_

Property Owner/Landlord/Property Manager's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone & E-Mail Address \_\_\_\_\_

Telephone & E-Mail Address \_\_\_\_\_

On the lines below, please provide a detailed description of your business. Please include the number of employees on the largest shift, hours of operations, items sold, services rendered, etc. Also indicate the number of parking spaces available for your business.

\_\_\_\_\_  
\_\_\_\_\_

**Floor Plan Required (only for businesses located in the Mission Street Specific Plan area)**

Please attach one (1) copy at scale of 1/8" = 1' or larger showing the proposed use of all interior floor area. Include the dimensions of all interior rooms or other enclosed areas and label them (i.e. office, cahier, sales floor, storage, etc.)

I hereby certify under penalty of perjury that the statements and information presented in this application are true and correct to the best of my knowledge and belief.

Business Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# For Staff Input Only

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

Business Address: \_\_\_\_\_

Zone Clearance No.: \_\_\_\_\_

Check the Zoning that applies to the property:

- CG (Commercial General) District
- CO (Commercial Office) District
- BP (Business Park) District.
- Mission Street Specific Plan (MSSP), District: \_\_\_\_\_
- Other \_\_\_\_\_

### Clearance from Existing Planning, Building, and Code Enforcement Files:

Previous use of site: \_\_\_\_\_

Does the business require discretionary approval (Conditional Use Permit or Administrative Use Permit)?

Yes  No  (Remarks below)

Does a Conditional Use Permit or Administrative Use Permit already exist for this type of use?

Yes  No

If yes, attach a copy of the conditions of approval.

### Restaurant use:

Public Works clearance for grease interceptor :  G.I required  G.I not required

### Approved

#### Conditions of approval:

- This business license is approved only for this use: \_\_\_\_\_
- Any signs require separate review and approval (fees apply)
- Any tenant improvements require separate review and approval (fees may apply)
- The City's regular (maximum) business hours apply: 6:00 a.m. to 11:00 p.m. Operation outside of these hours requires a Conditional Use Permit.
- Other \_\_\_\_\_

### Denied Basis for denial:

Planner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF SOUTH PASADENA**  
**PLANNING AND BUILDING DIVISION**

**CERTIFICATE OF OCCUPANCY**

(Keep for your records once returned approved)

This is to Certify that \_\_\_\_\_  
(name of business, proposed use, activity & occupancy)

Existing at \_\_\_\_\_

Property Owner \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
(home)

STAFF ROUTING

CITY USE ONLY

PLANNING \_\_\_\_\_ APPROVED  DENIED  DATE \_\_\_\_\_

FIRE \_\_\_\_\_ APPROVED  DENIED  DATE \_\_\_\_\_

THIS SITE HAS BEEN INSPECTED AND THE OCCUPANCY AND USE THEREOF IS:

APPROVED  DENIED

THE FOLLOWING IS THE APPLICABLE SECTION OF THE SOUTH PASADENA CITY CODE, WHICH STATES THE NEED FOR A CERTIFICATE OF OCCUPANCY:

36.164 (2) OTHER THAN RESIDENTIAL. IN THE EVENT OF ANY CHANGES OF OCCUPANTS OR TENANTS OF ANY BUILDING, OR PORTION THEREOF OR ANY LAND, USED FOR OTHER THAN RESIDENTIAL PURPOSES, NO NEW OCCUPANT OR TENANT SHALL OCCUPY OR USE ANY SUCH BUILDING, OR PORTION THEREOF OR ANY LAND UNTIL A NEW CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED BY THE DIRECTOR OF PLANNING & BUILDING, WITH THE APPROVAL OF THE CHIEF OF THE FIRE DEPARTMENT.

36.164(3) CHANGE OF USE. IN THE EVENT OF ANY CHANGE OF USE OF ANY BUILDING, OR PORTION THEREOF, OR LAND, NO SUCH CHANGE OF USE SHALL BE INSTITUTED UNTIL A NEW CERTIFICATE OF OCCUPANCY SHALL HAVE BEEN ISSUED BY THE DIRECTOR OF PLANNING & BUILDING, WITH THE APPROVAL OF THE CHIEF OF THE FIRE DEPARTMENT.

**FEE**            **\$50.00**

APPLICANT \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ DATE \_\_\_\_\_



City of South Pasadena  
FIRE DEPARTMENT  
817 Mound Avenue, South Pasadena, CA 91030  
[www.ci.south-pasadena.ca.us](http://www.ci.south-pasadena.ca.us)

## Business License Check List

Listed below are the most common California Fire Code requirements for small retail and clerical businesses. These and all other requirements shall be adhered to at all times. If you are opening a new business, please have all requirements met prior to the Fire Department Inspection. This is a partial list of requirements; additional requirements may be imposed during the inspection.

**Fire Extinguisher (CFC 906)** Minimum size – **2A-10BC** serviced annually, and shall have an approved State Fire Marshals tag attached. The top of the extinguisher shall be mounted in plain view no higher than 5 ft from floor. Travel distance to extinguisher shall not exceed 75 ft. Extinguishers shall be mounted in plain view and unobstructed.

**Exits (CFC Ch.10)** Exits shall be operational from the inside without the use of a key or special knowledge. Exits are to remain unobstructed at all times. A readily visible sign on the egress side of the door shall read **"THIS DOOR TO REMAIN UNLOCKED WHEN BUILDING IS OCCUPIED"**

**Extension Cords (CFC 605.5)** Extension cords and multi-plug adapters shall not be used in place of permanent wiring. Surge protected/circuit breaker cords and power strips are permissible but not recommended for long-term use. Extension cords shall only be used with portable appliances.

**Structure Requirements (CFC 703.1)** Openings or breaches in walls, ceilings, or floors are prohibited. Such elements shall be properly repaired, restored or replaced when damaged, altered or penetrated. Fire lanes and fire department appliances such as water valves, shutoffs and connections shall be kept functional and unobstructed at all times.

**Knox Box Requirements (CFC 506.1)** When access to or within a structure or an area is unduly difficult because of secured openings or where immediate access is necessary for life saving or firefighting purposes, the Fire Chief is authorized to require a key box to be installed in an accessible location. The key box shall be of an approved type (KNOX BOX) and shall contain keys to gain necessary access as required by the Fire Chief.

**Premise Identification (CFC 505.1)** New and existing buildings shall have approved address numbers, building numbers or approved building identification placed in a position that is plainly legible and visible from the street or road fronting the property. These numbers shall contrast with their background.



- 6.) Does your business draw water from city hydrants?  
Yes No
- 7.) Does your business currently have backflow device on the property?  
Yes No
- a.) Examples of a backflow device are:  
Double Check Valve  
Atmospheric Vacuum Breaker  
Pressure Vacuum Breaker  
Split Resilient Pressure Vacuum Breaker  
Reduced Pressure Principal Device
- 8.) Is there a fire sprinkler system on the property?  
Yes No

Because the City of South Pasadena is mandated by State Department of Health Services to identify and protect against possible contamination of the city's water system, it is imperative that this survey be completed and returned. This survey is to be returned to the License Department at the time you fill out your application for a business license.

Backflow/Cross-Connection Inspection Survey Fee:

- Fee Required - \$50.00
- No Fee Required
- Need to Install Appropriate Backflow Prevention Device
- Backflow Prevention Device Already Installed

*Comments:*

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If there are any questions regarding this matter, please contact me at (626) 441-4024 or by e-mail at [atesfaye@ci.south-pasadena.ca.us](mailto:atesfaye@ci.south-pasadena.ca.us)

*Thank you* for responding to this survey.

Anteneh Tesfaye  
Water Production/Treatment Supervisor  
City of South Pasadena



**SOUTH COAST AIR QUALITY MANAGEMENT DISTRICT**  
 21865 E. Copley Drive, Diamond Bar, CA 91765-4182  
 (909) 396-3529 / <http://www.aqmd.gov>

**Air Quality Permit Checklist**

California State Law Code 65850.2 prohibits cities from issuing an occupancy permit without clearance from the local agency. This checklist will determine if you need to obtain clearance from the South Air Quality Management District (AQMD).

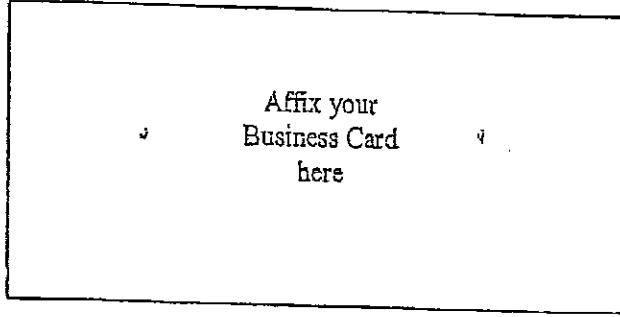
Company Name \_\_\_\_\_  
 Property Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
 Type of Business \_\_\_\_\_ Phone \_\_\_\_\_  
 Applicant \_\_\_\_\_

- Will the facility have any of the following equipment? Yes  No 
  - Char broiler
  - Dry Cleaning Machine
  - Spray Booth
  - Printing Press (screen/lithographic/flexographic)
  - Internal Combustion Engine (greater than 50 HP (excluding motor vehicles))
  - Boiler/combustion equipment (greater than 2MM BTU/hr. maximum input)
  - Abrasive Blasting Cabinets/Rooms
  - Baghouse/Cartridge-Type Dust Filter/Scrubber
  - Motor Fuel Storage & Dispensing Equipment
  
- Will any of the following operations be performed? Yes  No 
  - Application of Paints and Adhesives
  - Etching, Plating, Casting or Melting of Metals
  - Plastic Molding, Extruding or Curing
  - Mixing and Blending of Liquids and/or Powders
  - Storage of Acids, Solvents, Organic Liquids or Fuels
  - Production of Fumes, Dust, Smoke or Strong Odors

If you answered 'NO' to both questions, this checklist is your clearance from AQMD. If you answered 'YES' to either question, you must contact the AQMD to determine if air quality permits are required. If permits are needed, AQMD will assist you in submitting permit application(s) and then provide you with a clearance letter. If you have any questions, please call AQMD's Small Business Assistance office at (800) CUT-SMOG, and press 41.

*South Pasadena Police Department*  
**Emergency Contact Form**  
**Business Phone List**

Date: \_\_\_\_\_



Business Address: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Fax number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Hours: \_\_\_\_\_ To \_\_\_\_\_ S M T W T F S

Hazardous Material on site: \_\_\_\_\_

Access Points: \_\_\_\_\_ Roof Access: Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Phone Numbers**

- 1) \_\_\_\_\_ Keys: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_
- 2) \_\_\_\_\_ Keys: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_
- 3) \_\_\_\_\_ Keys: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_
- 4) \_\_\_\_\_ Keys: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Alarm Company: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_