



City of
Santa Monica

Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

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E: business.license@santamonica.gov
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**BUSINESS LICENSE
COMMERCIAL
ZONING REVIEW FORM**

OFFICIAL USE ONLY

BL#:

REC#:

Businesses operating from a commercial location within the City of Santa Monica are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION (ALL FIELDS REQUIRED)

Legal Business Name:

DBA (if applicable):

Business Physical Address: _____ Santa Monica CA
Number Street Unit/Suite # City State Zip

Contact Information:	Primary Contact	First Name:	Last Name:	Title:
		Email:		Phone:
	Secondary Contact	First Name:	Last Name:	Title:
		Email:		Phone:

BUSINESS ACTIVITY INFORMATION

Please describe your specific business activity at this location within the City of Santa Monica in detail, using at least three sentences. (use additional sheets if necessary)

☐	Check here if this application is related to or is a result of the 2025 local fire emergency in the LA Metropolitan area.
1.	Is the business currently licensed in the City of Santa Monica? ☐ Yes*, BL# _____ ☐ No
	*If yes, what is the previous address within Santa Monica? _____ Santa Monica CA <i>Number Street Unit/Suite # City State Zip</i>
2.	Is the business activity similar to the previously licensed tenant? ☐ Yes ☐ No
3.	Does the business lease space from an existing, licensed tenant in the same profession (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor) ☐ Yes ☐ No
4.	Is the business located in a shared office space? ☐ Yes ☐ No
5.	Do you share this space with a separate business? ☐ Yes* ☐ No
	*If yes, what is the shared space business name:

Complete next page



SANTA MONICA BUSINESS LICENSE—COMMERCIAL ZONING REVIEW FORM

COMMERCIAL LOCATION INFORMATION

6.	On which floor is the business located?		
7.	What is the square footage of the space that you lease (<i>This is information that is included in your lease.</i>)?		
8.	Are you enlarging the tenant space or combining multiple tenant spaces?		☐ Yes ☐ No
9.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)? _____ %		
10.	Will this business activity involve storage of hazardous materials and/or hazardous waste generation?		☐ Yes* ☐ No
	*If Yes, please list the type of materials generated or stored on site:		
11.	Are you operating a business that has obtained an entitlement through City Planning? (<i>e.g. Conditional Use Permit</i>)		☐ Yes* ☐ No
	*If Yes, please list case #:		
12.	Does this business involve the sale of alcohol? ☐ Yes ☐ No		Alcohol license type:
<i>*If yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.</i>			
13.	Does this business involve the sale of cannabis? ☐ Yes* ☐ No		
	*If yes, is this business located more than 600 feet away from any sensitive uses (schools, youth centers, and day care centers)?		☐ Yes (Complete page 9) ☐ No
	Are you submitting this application as a cannabis equity applicant?		☐ Yes (Complete page 13) ☐ No
14.	What was the name and general activity of the previous business at this location?		

NOTE: If you are unsure of the above information, please contact the building owner or your leasing agent.

ACKNOWLEDGEMENT

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

_____ Printed Name _____ Signature _____ Date

OFFICIAL USE ONLY

Business Description:

Zone:	Land Use Classification:	SMMC Section:
Entitlement(s): ☐ Yes ☐ No	Entitlement(s) required? ☐ Yes ☐ No	
If yes, Case #:	If yes, type required:	
Comments:		

REVIEW AND DETERMINATION

☐ Permitted Use—Approved

☐ Non-Permitted Use—Denied

_____ Planning Staff Printed Name _____ Signature _____ Date

_____ Title _____ Email _____ Extension