



City of Temple City
Community Development Department

BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____
Corporation Name: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____ Fax: _____
Email: _____ Website: _____
Business Description: _____

ADDITIONAL INFORMATION

Type of Ownership: Sole Proprietor _____ Partnership _____ LLC _____ Corporation _____
Federal ID Number/SSN: _____ State Employee ID Number: _____
State License: _____ Type: _____ Expiration: _____
Sellers Permit: _____ Employees Over 20 Hours: _____

OWNER INFORMATION (ATTACH LIST FOR ADDITIONAL OWNERS)

Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____
Name: _____ Title: _____
Address: _____
California Drivers License: _____ SSN: _____
Phone Number: _____ Email: _____

PROPERTY OWNER INFORMATION

Name/Management Company: _____
Address: _____
Phone Number: _____ Email: _____
Signature: _____

DISABILITY ACCESS INFORMATION

UNDER FEDERAL AND STATE LAW, COMPLIANCE WITH DISABILITY ACCESS LAWS IS A SERIOUS 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 BELOW:

DIVISION OF THE STATE ARCHITECT: www.dgs.ca.gov/dsa/home.aspx **DEPARTMENT OF REHABILITATION:** www.rehab.cahwnet.gov/ **CALIFORNIA COMMISSION ON DISABILITY ACCESS:** www.cdda.ca.gov

CONDITIONS OF AGREEMENT

A Business License is issued to the business owner providing a proposed use is permitted and all general requirements, applicable regulations, and conditions of approval are satisfied. A business must carry a valid Temple City Business License prior to operation. All approved Business Licenses are subject to any applicable requirements pursuant to the Temple City Municipal Code (TCMC). The Business License expires December 31st of each year. A courtesy renewal notice will be sent however, fees are still due even if the notice is not received. Failure to pay an annual license tax when due, the license collector shall add a penalty of ten percent of said license tax on the thirtieth day of each month after the due date thereof.

Initial here _____

Under the provisions of Section 3700 of the California Labor Code, I am required to carry Workers Compensation insurance for my employees at all times. I hereby certify that I will carry Workers Compensation insurance for my employees at all times.

Initial here _____

I understand that all business sites are required to abide by the requirements set forth in TCMC such as but not limited to the following: post no smoking signs (TMC Section 3-2C) at the business site, be free of chipped/stained paint, maintain adequate landscaping, be free of trash and debris, and maintain your business site in a clean and orderly manner. All businesses are subject to reevaluation by the City at any given time. Should the City make the findings that any given business is in violation of TCMC, a Community Preservation Officer carries the authority to issue a Notice of Code Violation or citation if deemed necessary regardless of business license status.

Initial here _____

I declare under penalty of perjury that the information contained herein is true and correct to the best of my knowledge and belief. As a condition for the issuance of the certificate applied for, I must agree to submit any additional information that may be required; conduct all phases of this business in accordance with regulations established for such business and to maintain all personnel, vehicles, and/or equipment that may be used in connection therewith, in conformance with all applicable laws, ordinances, and regulations.

Initial here _____

Signature: _____

Date: _____

Name (*print or type*): _____

Phone: _____

FOR OFFICE USE ONLY

Business License: \$ _____	Amount Received: \$ _____	Planning: _____
Employee/Owner: \$ _____	Payment Type: _____	Building & Code: _____
Background: \$ _____	Receipt: _____	Business License: _____
CAsp Fee: \$ 4.00 _____	Date: _____	Comments: _____
Total: \$ _____	File/Resolution: _____	_____



COUNTY OF LOS ANGELES FIRE DEPARTMENT FIRE PREVENTION DIVISION

East Region - Irwindale Office
5200 Irwindale Avenue #210, Irwindale, CA 91706

Office (626) 430-3050 Fax (626) 337-0788

Hours of Operation M-F 8am - 4pm

Inspector/Counter Hours: 8:00am - 10am

Closed Daily 12-1pm

Form 30 (9/16)

NOTICE TO PROSPECTIVE BUSINESSES STATEMENT OF INTENDED USE

Various processes and situations in commercial and industrial establishments can create fire and life safety hazards. In order to provide a reasonable degree of safety to life and protection of property, specific requirements have been established in the Fire, Building, and Life Safety Codes. To help us assess what particular laws apply to your business, please provide the following information:

PART I – Building Information

Business Name: _____

Business Address: _____

Number of Buildings: _____ Type of Construction: _____ Square footage: _____

PART II – Questionnaire

YES NO

- | | | | |
|-----|---|--------------------------|--------------------------|
| 1. | Will you have over 500 square feet of <u>high-piled combustible storage</u> ? (> 12' or > 6' for High Hazard Commodities) See Part V of this form for more information. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Will you be storing more than 2500 cubic feet of miscellaneous <u>combustible materials</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Will you store, transport on site, dispense, use, or handle <u>hazardous materials</u> ? (FC Table 105.6.20) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Will you store, handle, use, apply, or dispense <u>flammable or combustible liquids or powder coating</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Will you store, handle, or use <u>compressed gases including liquefied petroleum gases</u> ? (FC Table 105.6.8) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Will you produce, store, handle, or transport onsite <u>cryogenic fluids</u> ? (FC Table 105.6.10) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Will you store, use, or handle <u>radioactive materials</u> more than 1 microcurie or any amount that requires a permit from The Nuclear Regulatory Commission? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Will you store or handle more than 25 lbs of <u>pyroxylin plastics</u> or use any such material in a manufacturing process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | Will you melt, cast, heat treat, or grind more than 10 lbs of <u>magnesium or other combustible metals</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Will your store or handle an aggregate quantity <u>aerosol products</u> in excess of 500 lbs. net weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Will you manufacture more than one gallon of <u>organic coating</u> per day? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Will you store, handle, sell, or use any <u>model rocket engines, pyrotechnic materials, or fireworks</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |

PART II Questionnaire continued...

YES NO

- 13. Will you have a refrigeration system with >220 lbs Group A1 or 30 lbs of any other refrigerant?
- 14. Will you store or handle loose combustible fibers in excess of 100 cubic feet?
- 15. Will you install or operate a stationary lead-acid battery system with more than 100 gallons of liquid capacity?
- 16. Will you conduct fruit or crop ripening operations using ethylene gas?
- 17. Will you produce combustible dust?
- 18. Will you operate a place of assembly (drinking, dining, or gathering) with a single room occupant capacity of 50 or more people?
- 19. If YES to #18, Will you have liquid or gas fueled vehicles or equipment; use open flames or candles; or store, use, or handle cellulose nitrate film in assembly occupancy?
- 20. Will you operate a carnival or a fair, or an amusement, covered mall, exhibit or trade show building?
- 21. Will you use dry cleaning equipment?
- 22. Will you operate an industrial baking oven or a power coating or spray finish booth or room?
- 23. Will you be conducting welding, cutting, or other hot work operations?
- 24. Will you be using open-flame devices including torches, candles, lanterns, or portable cooking appliances?
- 25. Will you conduct any form of open burning, or create a bonfire, rubbish, or recreational fire?
- 26. Will you be conducting activities or create a condition near a hazardous fire area (wildfire area) that could accidentally ignite a wildfire?
- 27. Will you have a lumberyard or wood working plant, which stores or processes 100,000 board feet of lumber?
- 28. Will you store wood chips, hogged material, lumber, or plywood in excess of 200 cubic feet?
- 29. Will you conduct any fumigation or thermal insecticidal fogging operations?
- 30. Will you operate an auto wrecking, waste handling, or commercial rubbish handling facility?
- 31. Will you remanufacture tires or store over 2,500 cubic feet of tires or tire byproduct?
- 32. Will you operate a repair garage or fuel dispensing facility for automotive, marine, or fleet equipment?
- 33. Will you perform floor finishing over 350 sq ft using Class I or II liquids?
- 34. Will you operate a temporary sales lot for the sale of Christmas trees or pumpkins?
- 35. Will you install or use any type of temporary membrane structure, tent, or canopy?
- 36. Will you conduct any motion picture, television, commercial or related film production?
- 37. Will you be removing or using a privately owned fire hydrant?

38. Is your building equipped with automatic fire sprinklers?

If YES, provide the following information: *(The following information can usually be found on the main sprinkler system riser for each system or the Fire Department Connection (FDC) or can sometimes be obtained from the property owner.)*

a) Date of last fire sprinkler system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): _

b) Below is a list of common types of sprinkler systems. Complete the information for the type of system installed in your building:

♦ **CALCULATED:** _____ PM/Sq Ft _____ Design _____ Area (i.e. .3/3000)

♦ **PIPE SCHEDULE (non-calculated):** Light Hazard Ordinary Hazard Extra Hazard

♦ **EARLY SUPPRESSION FAST-RESPONSE (ESFR):** _____ PSI ESFR K Factor _____

c) Is the sprinkler system electronically supervised? If YES then:

Fire sprinkler alarm monitoring company: _____

39. Is your building equipped with a standpipe system (fire hose or fire hose connections)? If YES:

a) Type and location: _
(Certification information can usually be found on labels on the main standpipe system riser for each system)

b) Date of last standpipe system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9):

40. Is your building equipped with any other type of manual or automatic fire extinguishing system?
(Halon, Clean Agent, FM-200, Kitchen Hood System, Spray Booth) If YES then:

a) Type and location: _____

b) Date of last automatic extinguishing system testing or maintenance as per CCR Title 19 (recorded on State Fire Marshal Forms AES 1-9): _____

41. Is your building equipped with a manual or automatic fire alarm system? If YES then:
(smoke detector, heat detector, or manual pull)

a) Date of last alarm system test: _____

b) Is the fire alarm system electronically supervised? If YES:

Fire alarm monitoring company: _____

42. Maximum number of employees working at one time: _____

43. Hours of operation: _____ To _____

44. Describe the method of disposing of combustible or hazardous waste materials:

PART III – Intended Use Statement

1. **SUBMIT A LETTER:** Submit a signed, legible letter (**Must be typewritten and on your company's letterhead**) stating your intended use for the property. In the letter, describe materials you will be storing and using on the property. Explain the method of storage (e.g., racks, pallets), storage dimensions, and where the materials will be located on the property. Describe how you will be using the materials. Provide details to any item(s) marked "yes" in Part II and explain any planned alterations to the building. (**See attached example**).
2. **SUBMIT SITE PLAN / FLOOR PLAN:** Submit site plan drawn to rough scale showing the property size and location, building size and location on property, both in square feet. Show all exit doors, fire extinguishers, fire hose cabinets, special fire or life safety systems, and any item(s) marked "yes" in Part II. (**See attached example**). **MUST BE IN 8 1/2" X 11"**

PART IV – Hazardous Materials Non-Handler Declaration:

HAZARDOUS MATERIALS NON-HANDLER DECLARATION (FORM 585)

- THIS BUILDING WILL USE HAZARDOUS MATERIALS IN EXCESS OF NON-REPORTABLE AMOUNTS.**
- THIS BUILDING WILL NOT USE HAZARDOUS MATERIALS OR USES NON-REPORTABLE AMOUNTS.**

A hazardous material may be broadly defined as any material that because of its quantity, concentration, or physical or chemical characteristics, poses a significant, present, or potential hazard to human health and safety, property, or to the environment. A hazardous material includes, but is not limited to, any substance or material which the handler or the administering agency has a reasonable basis for believing would be injurious to a person's health and safety or harmful to the environment if released into the work place or surrounding areas.

By signing below, I declare that the above named business, organization, or occupant will or will not handle a hazardous material or mixture containing hazardous material which has a quantity at any one time during the reporting year equal to, or greater than, a total weight of 500 pounds, or a total of 55 gallons, or 200 cubic feet at standard temperature and pressure for compressed gas.

Print Name and Title of Declarer: _____ Date: _____

Declarer Signature: _____ Fire Department Representative: _____

PART V – High-Piled Combustible Storage:

In Chapter 23 of the County of Los Angeles Fire Code, high-piled combustible storage is defined as: Storage of combustible materials [product and/or packaging] in closely packed piles (floor storage) or combustible materials on pallets, in racks, or on shelves where the top of storage is **greater than 12 feet in height**. High-piled combustible storage also includes certain high hazard commodities, such as rubber tires, 'Group A' plastics, flammable liquids, idle pallets, and similar commodities, where the top of the storage is greater than six feet in height.

It is very important to contact a fire inspector prior to consideration of storing high-piled combustible storage. Many of the permit requirements must be built into your building. If your building is not approved for high-piled combustible storage, it may be cost prohibitive. For example, if you have a pipe schedule sprinkler system no high-piled storage is permitted until the system is calculated. A fire inspector can assist you with fire department requirements.

- THIS BUILDING WILL NOT BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE.**
- THIS BUILDING WILL BE USED FOR HIGH-PILED COMBUSTIBLE STORAGE. "Permit Required."** Contact a Fire Inspector for permit requirements.
- THIS BUILDING IS A SPECULATION BUILDING WITHOUT A TENANT AT THIS TIME.** The tenant will be notified to contact the Fire Department prior to use of the building.

TO GET A STAMP FROM THE FIRE DEPARTMENT YOU MUST BRING THE FOLLOWING ITEMS TO THE JURISDICTIONAL FIRE PREVENTION OFFICE:

- THE STATEMENT OF INTENDED USE FORM 30
PAGES 1-7 MUST BE COMPLETELY FILLED OUT/EVERY BOX MUST BE MUST BE CHECKED EITHER YES OR NO
- A SIGNED LETTER FROM THE BUSINESS OWNER, OR AUTHORIZED AGENT **(SEE PAGE 4 - PART III - #1)**
A SAMPLE HAS BEEN PROVIDED FOR YOU ON PAGE 8
- SUBMIT ONE 8 1/2 X 11 FLOOR PLAN **AND** ONE 8 1/2 X 11 SITE PLAN OF THE BUILDING (SEE PAGE 4 – PART III - #2)
- THE OCCUPANT EMERGENCY INFORMATION, COMPLETELY FILLED OUT **(PAGE 7)**
- SUBMIT THE COMPLETED APPLICATION TO THE FIRE DEPARTMENT FOR APPROVAL. THE NORMAL PROCESSING TIME IS TWO (2) BUSINESS DAYS. YOU WILL BE CONTACTED IF ANY ADDITIONAL INFORMATION IS NEEDED. AFTER THE SECOND DAY, YOU MAY CALL OUR OFFICE TO CONFIRM THE APPLICATION IS STAMPED WITH APPROVAL AND READY TO BE PICKED UP.

FIRE DEPARTMENT STAMP:

THE FOLLOWING PERMITS ARE REQUIRED:

PERMIT INFORMATION SHEETS WILL BE PROVIDED FOR THE REQUIRED PERMITS. (Permit Information Sheets are also available for viewing on our website. Go to www.fire.lacounty.gov, under Fire Prevention Division, look for “Permit Requirements.”)

PERMITS WILL ONLY BE ISSUED BY A FIRE INSPECTOR. PLEASE CONTACT YOUR FIRE INSPECTOR TO SCHEDULE AN INSPECTION.

(This section to be completed by Fire Department personnel.)

Primarily Class A Fire Hazards (Ordinary Combustibles):

- Light Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 6,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point hazard involved. Mount in an accessible and conspicuous location.
- Ordinary Fire Hazard: Provide a minimum of (1) 2A10BC rated fire extinguisher mounted in an accessible, conspicuous area. One extinguisher is required for every 3,000 square feet and the travel distance to a fire extinguisher shall not exceed 75 feet from any point of the hazard involved. Mount in an accessible and conspicuous location.
- Extra Fire Hazard: Provide a fire extinguisher with a minimum Class A rating of 4. One extinguisher is required for every 4,000 square feet. Travel distance to a fire extinguisher shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

Class B Fire Hazards Present (Flammable/Combustible Liquids with depths .25" or less):

- Light Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 mounted in an accessible, conspicuous area. The travel distance to a fire extinguisher shall not exceed 50 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.
- Ordinary Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 10 with an allowable a maximum or 30 feet travel distance or a fire extinguisher with a minimum Class B rating of 20 with a maximum allowable travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.
- Extra Fire Hazard: Provide a fire extinguisher with a minimum Class B rating of 40 with a maximum feet travel distance of 30 feet or a fire extinguisher with a Class B rating of 80 with allowable maximum travel distance of 50 feet from the hazard involved. Mount in an accessible and conspicuous location.

Special Hazard Protection (Grease and Combustible Metal):

- Commercial Kitchen Hood System – One Class K fire extinguisher shall be placed within 30 feet of all grease cooking operations in a commercial kitchen. Protection of a multiple deep fat fryer appliance installation shall be as per Fire Code 904.11.5.2. Mount in an accessible and conspicuous location. Care shall be used to insure that the K Class extinguisher and not the other type of extinguishers will be used in the event of a grease fire involving cooking equipment. Multi-purpose fire extinguishers may compromise the effectiveness in wet chemical kitchen hood extinguishing systems.
- Hazards involving the ignition of Class D combustible metals such as magnesium, titanium, zirconium, sodium, lithium, and potassium shall be protected as per NFPA 10 standard for areas where combustible metal powders, flakes, shavings, chips, or similarly sized products are generated. Travel distance to a fire extinguisher/fire extinguishing agent shall not exceed 75 feet from any point from the hazard involved. Mount in an accessible and conspicuous location.

See Fire Code Table 906.1 for additional specified areas for required fire extinguisher placement.

Occupant Emergency Information

Please type or neatly print!

GENERAL INFORMATION:

Business Name: _____

DBA/AFA/FKA: _____ Effective Date: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ ZIP+4: _____

- New construction, name change, or ownership change: _____
- A new occupant moving in and the previous occupant/business has moved out: _____
- Sharing the above address with another occupant/business by the name of: _____

Mailing Address (only if different than above): _____

Phone: (____) _____ Ext _____ Fax: (____) _____

Generic E-mail: _____ Number of employees: _____

Senior Person: _____ Title: _____

Describe Property Use: _____

Hazardous Material: _____

Notes/Special Concerns: _____

Thomas Guide: _____ Cross Street: _____

City License/Permit #: _____ Zone: _____ Fire Station #: _____

Water Company: _____ Phone #: (____) _____

PROPERTY INFORMATION:

Landlord/Property Owner Name: _____ Phone: (____) _____

Address: _____

Contact Person Name: _____ Title: _____

Occupancy Code: _____ Roof Type _____ SQ FT: _____ Stories: _____ High Piled Fire Sprinklers

Basement: Target Hazard HM Handler Fire Permit # _____

EMERGENCY CONTACT INFORMATION: (24 Hour number)

1st Person to contact: _____ Title: _____ Phone: (____) _____

2nd Person to contact: _____ Title: _____ Phone: (____) _____

3rd Person to contact: _____ Title: _____ Phone: (____) _____

Alarm Company: _____ Phone: (____) _____

YOU MUST HAVE LISTED

(Sample Statement of Intended Use Letter)

1-What type of business are you doing

MUST BE TYPEWRITTEN

2-See attached plot plan.

3-List what types of materials you are Storing in the building

4-List where the materials are being stored (racks, shelves, floor, pallets, etc)

a. how high is the item that you are storing the merchandise on?

5-If you have no alterations at this time, that type NO alterations at this time

a. If you do have alterations at this time, type YES alterations and list the alterations.....

Big Ben Furniture Company
1000 South Anyplace
Your City, CA 00000

April 26, 2002

To Whom It May Concern:

The following information is in answer to your request regarding the business operation to be conducted at the above address.

1. Operations conducted in the building are as follows:
 - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some upholstered furniture.
 - b) Plastic furniture – manufacture plastic furniture out of extruded plastic through operation of the cutting, thermoforming and assembly.
 - c) Spray painting – painting of all necessary items. All spray painting is done in a spray booth.
 - d) Warehousing of wood and metal furniture components.
 - e) General office activities.
2. See attached plot plan.
3. Materials to be stored include the following:
 - a) Metal and wood furniture pieces such as chairs, tables, etc.
 - b) Wood furniture parts.
 - c) Upholstery materials such as fabric, foam, etc. at high heights.
 - d) Plastic furniture parts such as chairs, tables, etc. at high heights.
4. Materials are stored both in racks and free standing.
5. No alterations are planned at this time.

Sincerely,

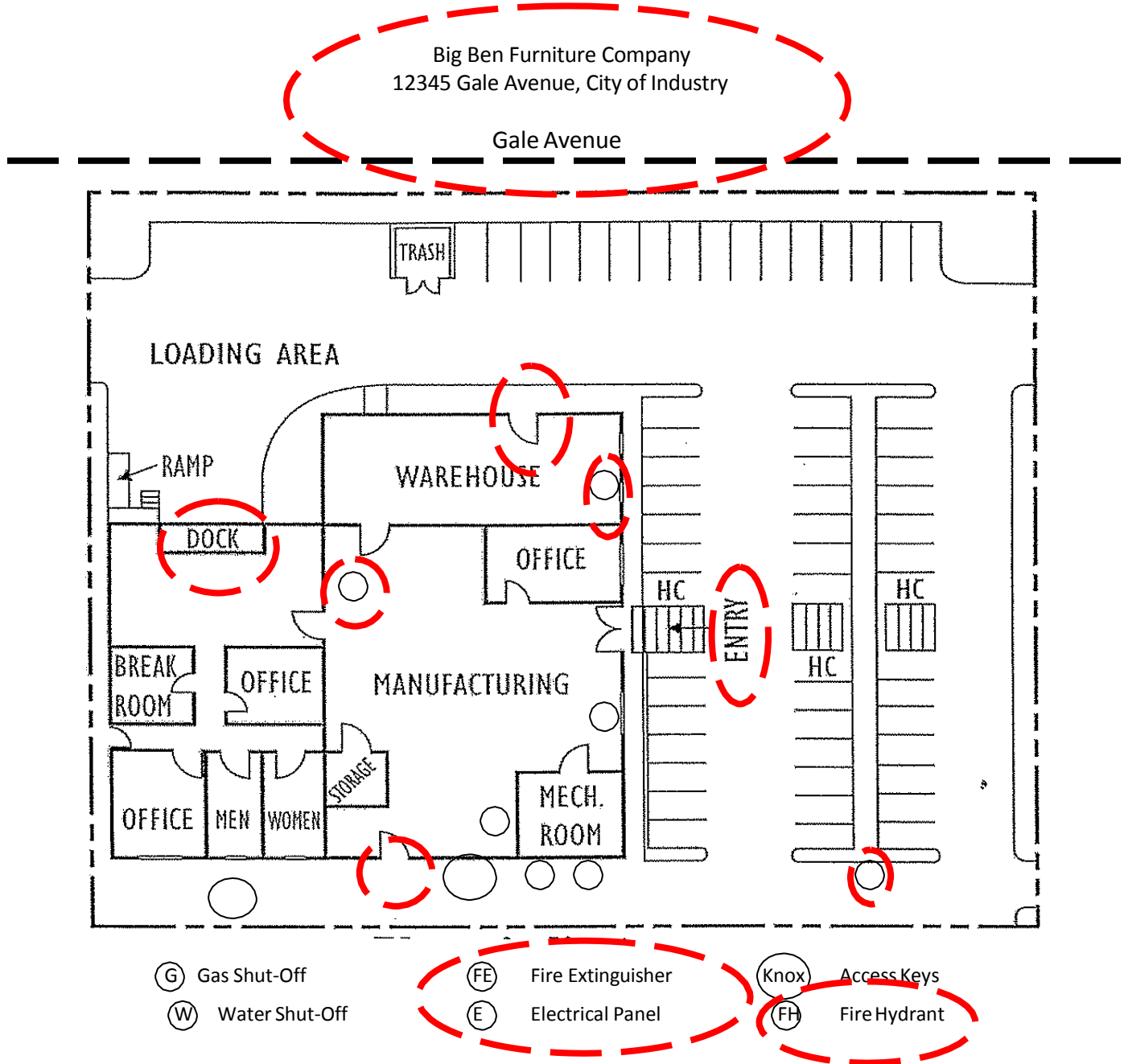
John J. Jones
President

JJJ:ab

County of Los Angeles Fire Prevention Division

Floor Plan Example

Please submit an 8 1/2" x 11" site plan and floor plan for your site. The plan needs to show site layout, size, and location on property: both in square feet, cross streets, parking and storage areas. The floor plan needs to indicate how the interior floor plan will be used. If you are sharing the space with others, please indicate how the space will be divided. Show all exit doors, fire extinguishers, fire hose cabinets, special fire, or life safety systems. This will be used for both the Use Permit requirement and Los Angeles County Fire Department requirement. Please see example below:

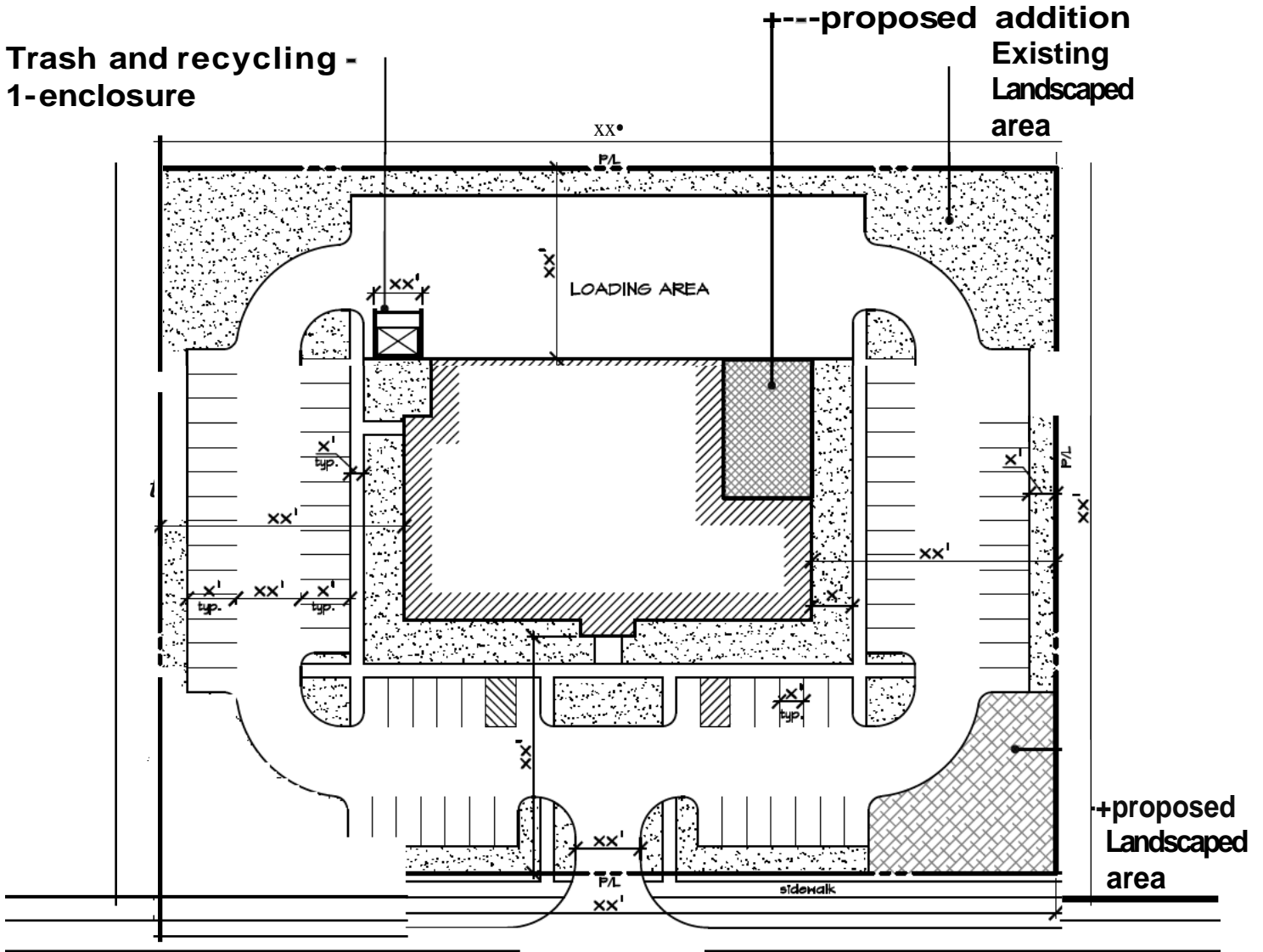


Gross Building Area:

Office	12,600 SF
Manufacturing Area:	12,600 SF
Warehousing Area:	6,825 SF
Total Area:	32,025 SF

Fire Prevention Division - Industry

Example Site Plan



LEGEND

SITE PLAN DATA

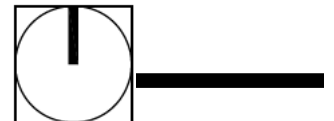
TOTAL SITE AREA,	XX AC
Existing BUILDING AREA	XX AC
PROPOSED BUILDING AREA	XX AC
TOTAL Building AREA: REQUIRED	XX%
BUILDING/LOT RATIO: PROPOSED	XX%
BUILDING/LOT RATIO:	

LANDSCAPE DATA

TOTAL LANDSCAPED AREA: REQUIRED	XX AC,
LANDSCAPE RATIO: PROPOSED	XX%
LANDSCAPE RATIO:	XX%

PARKING DATA

TOTAL PARKING REQUIRED:	XX SPACES
TOTAL PARKING PROVIDED:	XX SPACES



NOTE:

This is an example of the minimum information required on site plans submitted in conjunction with applications for development. Failure to provide the necessary information may result in the rejection of applications and time delays. In some instances such as minor interior modifications, staff may waive the requirements to provide some information that is not relevant to the proposal however this may only be determined by planning staff prior to application submittal. It is strongly advised that all applicants meet with planning staff prior to submittal to review the proposed project and submittal requirement. Ten minutes can save a lot of time and expense.



City of Temple City

BUSINESS LICENSE CHECKLIST

THIS CHECKLIST WILL BE USED BY STAFF TO DETERMINE IF AN APPLICATION CONTAINS THE APPROPRIATE REQUIREMENTS TO BEGIN THE APPLICATION PROCESS. ALL ITEMS LISTED BELOW MUST BE INCLUDED. IF ANY ITEMS ARE NOT INCLUDED THE PROJECT WILL NOT BE ACCEPTED FOR SUBMITTAL.

MINIMUM APPLICATION FILING REQUIREMENTS

- Completed *Business License Application*
- Form 30 - Stamped by Los Angeles County Fire Prevention
- Proof of business name - Los Angeles County Recorder's Office, 12400 Imperial Hwy. # 1201, Norwalk (800) 201-8999, www.lavote.net and/ or Articles of Incorporation, www.ca.gov
- Copy of Lease Agreement
- Proof of account with Athens Services
- Applicable Filing Fees

MINIMUM APPLICATION FILING REQUIREMENTS FOR CERTAIN BUSINESSES

- Seller's Permit - State Board of Equalization, 1521 W. Cameron, #300, West Covina (626) 480-7200, www.boe.ca.gov
- Background Investigation - Live Scan Request Form and Personal Information Form
- Compliance Report for Dental Dischargers – Industrial Waste Section, 1955 Workman Mill Rd. Whittier CA 90601

REQUIRED STEPS

1. Verify zoning, and check if business is a "Permitted Use", a "Conditional Use" or "Not Permitted" for the address of interest prior signing a lease agreement.
2. Gather information regarding type of business, required applications, and paperwork from the Planning Division.
3. Submit a Business License Application, Sign Application (Commercial), and additional required paperwork.
4. Schedule a Business (Home/Commercial) and Sign (Commercial) Inspection.
5. Approval of Business License will be sent by mail if approved and all conditions have been met.

BUSINESS LICENSE FEE SCHEDULE

Below is a sampling of fees for commonly issued business licenses.
All licenses are issued for a calendar year, January through December.

MANUFACTURERS, PROFESSIONALS, RETAILERS, SERVICES, WHOLESALERS

Flat Fee	\$75.00
Processing Fee (one-time fee)	\$320.00
Processing Fee (Regulated - one-time fee)	\$521.00
Owners/Partners/Managers/Employees (per person)	\$8.25

HOME OCCUPATIONS

Flat Fee	\$64.00
Processing Fee (one-time fee)	\$135.00

AUTO REPAIR SHOP

Flat Fee	\$110.00
Processing Fee (one-time fee)	\$320.00

BUSINESSES BY VEHICLE

Flat Fee	\$75.00
Processing Fee (one-time fee)	\$28.00
Per Vehicle	\$8.25
Per Owner/Driver (Sheriff's fee)	\$87.00

CONTRACTORS

Flat Fee	\$87.00
Processing Fee (one-time fee)	\$28.00

INDEPENDENT SERVICE PROVIDER

Flat Fee	\$37.00
Background Investigation (if applicable)	\$87.00
Processing Fee (one-time fee, if applicable)	\$229.00

PRIVATE SCHOOLS / TUTORING INSTITUTIONS

Flat Fee	\$183.00
Processing Fee (one-time fee)	\$320.00

ADDITIONAL INFORMATION

Chamber of Commerce
9050 Las Tunas Dr., Temple City
(626) 286-3101
www.templecitychamber.org

Los Angeles Economic Development Corporation
Resources for Business Assistance, Retention, Expansion
(213) 622-4300; www.laedc.org

Small Business Development Center
330 N. Brand St. #1200 Glendale, CA
(818) 552-3201; www.sba.go

Dept. of Human Resources and Development
State Disability and Employment Insurance
888 S. Figueroa St. #200 Los Angeles CA
(800) 480-3287; www.edd.ca.gov

Partners for Progress Work-Source Center (SASSFA)
10400 Pioneer Blvd., #9, Santa Fe Springs, 90670
(562) 946-2237; www.sassfa.org

VEDC
Small Business California Loan Program
5121 Van Nuys Blvd. 3rd Floor, Van Nuys
(818) 907-9977; www.vedc.org



City of Temple City

BUSINESS LICENSE INSPECTION LIST

PRIOR TO OPENING YOUR BUSINESS AN INSPECTION WILL BE CONDUCTED FOR THE BELOW ITEMS. BUSINESS LICENSE INSPECTIONS ARE CONDUCTED THURSDAYS BETWEEN THE HOURS OF 2 P.M. AND 4 P.M.

APPLICABLE INSPECTION REQUIREMENTS

1. Business License application is completed, with additional required paperwork submitted (if any) and fees paid.
2. If making improvements requiring building permits, such permits have been obtained, inspected, and finalized by the Building Inspector.
3. Permits for permanent signage has been issued, inspected, and finalized.
4. Previous signage and residue from the previous signage has been removed.
5. No Smoking Signs (TMC Section 3-2C) are posted at the business site. (Available for purchase at City Hall)
6. For businesses requiring a conditional use permit, conditions of approval have been met.
7. Banner Permit has been obtained (if banner is present).
8. Striped parking is easily visible.
9. Interior of the business site is furnished and ready to conduct business.
10. Trash enclosure is clean, maintained properly, and has no outdoor storage.
11. Properly maintained building façade i.e. no peeling, faded, or rusted paint.
12. Property is free of overgrown vegetation and weeds.
13. Window signage does not exceed 25%.
14. Business does not have flashing neon or LED signage.
15. New exterior lighting has been permitted.
16. Adequate landscaping at the business site.
17. Adequate lighting on sign (if necessary).
18. Business address is complete and viewable to the public and emergency vehicles.
19. Awnings are free of bird droppings, debris, and dust.