

BELL GARDENS COMMUNITY DEVELOPMENT DEPARTMENT  
BUSINESS LICENSE ZONING COMPLIANCE REQUEST

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

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

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Total Building Sq. Ft. \_\_\_\_\_ Office \_\_\_\_\_ Commercial \_\_\_\_\_ Manufacturing \_\_\_\_\_

Property Owner Name \_\_\_\_\_

Detailed Description of Proposed Use:

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

Number of Employees \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Number of Parking Spaces Provided \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

DEPARTMENT USE ONLY

Zoning Designation \_\_\_\_\_ Redevelopment Project Area \_\_\_\_\_

No. of Parking Spaces Required \_\_\_\_\_

Field Inspection Comments:

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

Conditions of Approval:

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

Approved by:

Redevelopment Department \_\_\_\_\_ Date \_\_\_\_\_

Planning Department \_\_\_\_\_ Date \_\_\_\_\_