



# BUSINESS LICENSE ZONE CLEARANCE FORM

Community Development Department – Planning Division  
125 East College Street • Covina, California 91723 • (626) 384-5450

Staff Use Only	
Zone Clearance No:	
Zoning District:	

**A filing fee of \$105.00 for Zoning Verification will be applied toward business license fees. Payment will be collected through HDL prior to business license issuance.**

Please Check All That Apply			
<input type="checkbox"/> New Application	<input type="checkbox"/> Change of Owner	<input type="checkbox"/> Change of Address	<input type="checkbox"/> Change of Business Name
<input type="checkbox"/> Home-based Business	<b>Start date in Covina:</b> _____		

**Business Operation:**  Administrative Office  Retail  Wholesale  Manufacturing  Medical/Dental  Service  
 Professional  Other: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Building / Unit Size (In square feet): \_\_\_\_\_

**Description of Business Operation:** (Example – list products for sale (retail or wholesale), list products including food products being manufactured, involve any truck deliveries, list types of services being provided, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Hours of Operations:** Mon – Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_ **Number of Employees:** FT/PT: \_\_\_\_\_

**Alcohol / Entertainment Information**

Yes No

Will the business offer entertainment (live or non-live) including but not limited to: DJs, amplified music, billiard tables, electronic gaming, Televisions, live bands and/or karaoke? **If yes, explain.**

Will the business be providing any form of alcoholic beverages?

Does the business license applicant or any business partner have on-sale or off-sale alcoholic beverage license issued by the California Alcoholic Beverage Control Board? **If yes, License Number:** \_\_\_\_\_

**Applicant Signature**

**Applicant Name (Print):** \_\_\_\_\_  
**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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APPROVED  DECLINED  ADDITIONAL APPROVAL REQUIRED

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

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_