BUSINESS PERMIT APPLICATION FEE: \$93.00



City of Claremont

Department of Community Development 207 Harvard Ave., Claremont, CA 91711 PH. (909) 399-5470

	New	App	lication
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- ☐ Change of Ownership
- ☐ Change of Location
- ☐ Change Nature of Business
- Massage Establishment

BUSINESS INFORMATION	(ple	ease print or type)				
Business Name:					Business Phone:	
Business Address:					Email Address:	
Mailing Address:						
Business Start Date:	Circle Floor Level	Circle Floor Level: Basement / 1st Floor / 2nd Floor / 3rd Floor				
Floor Area Occupied (ft.²): Hou		urs of Operation (days/hours):			Number of Employees:	
Resale No.:		State License No.:		Federal License No.:		
Former Use of This Address:						
Description of Business (be very s	pecif	ic):			_	
	lease	e print or type)				
Name:	First	N	Middle	_ Title:	O, Owner, President, Partner, etc.)	
Residence Address:						
Residence Phone No.:			Other Phone:			
Name:		A. 1.11	_ Title:			
Residence Address:	First	ין	Middle	(CE	O, Owner, President, Partner, etc.)	
Residence Phone No.:			Other Phone:			
IMPORTANT: REA	AD A	ND SIGN BELOV	N		VALIDATION	
All businesses must comply with Clar proposed business shall not conflict wit filing this business permit application required fees, does not constitute approindicated on this application. Approvals well as the Police and Fire Department business permit. The City will notify you business changes ownership, location of Code (Section 5.20.090) requires that a fees paid to the City of Claremont. The City's written approval is illegal and dor are required for all signs.	h any with toval o from hts, ar of its r natu new opera	State or Federal laws the City of Claremont, of the proposed busine the Planning and Build re required before the decision in writing. In the of business, the Clarapplication be filed an ation of a business price.	Completing and and paying the ss at the location ding Divisions, as City will issue a the event that the aremont Municipal d the appropriate or to receiving the			
Applica	nt's Si	gnature				
Date o	f Appl	ication	_	ZONING		

FOR CITY USE ONLY

PLANNING	G DIVISION		
	Approval	☐ Conditional Approval	☐ Denial
Comments:			
0:			Date
Signature:			Date:
BUILDING	AND SAFETY DIVISION		
	Approval	☐ Conditional Approval	☐ Denial
Comments:			
Signature:			Date:
POLICE D	EPARTMENT - Required for	r all Massage Establishments	
POLICE D	EPARTMENT - Required for Approval	r all Massage Establishments Conditional Approval	☐ Denial
			Denial Date:
Comments:	Approval		
Comments: Signature:	ARTMENT	☐ Conditional Approval	Date:
Comments: Signature:	Approval		
Comments: Signature:	ARTMENT	□ Conditional Approval □ Conditional Approval	Date:
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