

**CITY OF BELL
BUSINESS LICENSE APPLICATION**

6330 Pine Avenue, Bell, CA 90201 (323) 588-6211

THIS APPLICATION IS FOR: NEW BUSINESS RENEWAL CHANGE OF OWNERSHIP CHANGE OF ADDRESS CHANGE OF NAME
 CHANGE OF OPERATION CLOSE BUSINESS

BUSINESS NUMBER :

BUSINESS NAME (DBA) _____
 MAILING ADDRESS _____
 CITY, STATE, ZIP _____
 BUSINESS ADDRESS _____
 BUSINESS PHONE # _____
 NO. OF EMPLOYEES _____
 FEDERAL TAX ID # _____
 CA STATE TAX ID # _____
 SOCIAL SECURITY # _____
 CA SELLER PMT. # _____
 HEALTH PERMIT # _____
 NAICS CODE _____
 CA DRIVER LIC. / ID # _____ EXP. DATE _____
 BUSINESS OPENING DATE _____

FEE: \$ _____	INITIALS: _____
CR DATE: _____	CR # _____
FOR OFFICIAL USE ONLY	
ZONING <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____	SIGNATURE _____
CODE COMPLIANCE <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____	SIGNATURE _____
BUILDING INSPECTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____	SIGNATURE _____
FIRE DEPT. <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED DATE _____	SIGNATURE _____

TAX BASIS: Flat Tax Gross Receipts \$ _____ License Period (If not Annual) _____

BUSINESS PROFILE

ENTITY TYPE: Sole Proprietor Partnership Corporation Home Occupancy

PRINCIPAL OWNER OR PRESIDENT OF CORPORATION _____ PHONE # _____

PARTNER OR VICE PRESIDENT OF CORPORATION _____ PHONE # _____

ADDRESS OF PRINCIPAL OWNER OF CORPORATION _____

PROPERTY OWNER OF LOCATION _____ PROP. OWNER'S PHONE # _____

SQUARE FEET OF BUSINESS LOCATION _____ MONTHLY RENT OF BUSINESS LOCATION _____

EMERGENCY CONTACT NAME _____ EMERGENCY PHONE # _____

TYPE OF BUSINESS: Retail Wholesale Manufacture Warehouse
 Gardener Vehicle Coin-Operated Mach. Other

Describe in Detail the Type of Business and Operation: _____

BUSINESS MUST IMMEDIATELY NOTIFY THE BUSINESS LICENSE DEPARTMENT OF ANY CHANGES AFFECTING THE CURRENT BUSINESS PROFILE. UNAUTHORIZED CHANGES MAY RESULT IN REVOCATION OR SUSPENSION OF THE BUSINESS LICENSE/OPERATIONS.

I declare under penalty of perjury that I have carefully read this application and supplied information that is true and correct. I, furthermore, agree that the business is responsible for the payment of future license fees associated with its licensing.

Signature of Principal Owner or President _____ Date _____

Signature of Partner or Vice President _____ Date _____

**CITY OF BELL
DEPARTMENT OF DEVELOPMENT SERVICES
APPLICATION FOR CERTIFICATE OF OCCUPANCY**

6330 PINE AVENUE

323
(213) 588-6211

ADDRESS WHERE BUSINESS WILL BE CONDUCTED _____

BUILDING PERMIT # _____

NAME OF BUSINESS _____ BUSINESS PHONE (_____)

ADDRESS OF HOME OFFICE OR OCCUPANT IF DIFFERENT THAN ABOVE _____ HOME OFFICE PHONE (_____)

OWNER OF BUSINESS _____ PHONE (_____)

OWNER OF BUILDING _____ PHONE (_____)

TYPE OF BUSINESS _____ AREA OF BUILDING _____ SQ. FT.

DESCRIBE EXACT USE OF ALL PORTIONS OF EACH BUILDING AND LOT _____

PREVIOUS USE OF BUILDING _____

TYPE OF FLAMMABLE OR EXPLOSIVE LIQUIDS TO USE, IF ANY _____

This permit shall terminate within sixty days of the effective date of this permit unless a written extension is granted by the City of Bell Development Services Officials, or County Fire Department.

I certify that I have read this application and state that the above information is correct. I agree to comply with all City and County ordinances and State laws relating to building construction, and hereby authorize representatives of this City to enter upon the above mentioned property for inspection purposes.

DATED THIS _____ DAY OF _____ 19____ IN THE CITY OF BELL, STATE OF CALIFORNIA

APPLICANTS NAME (Print Clearly) _____ SIGNATURE OF _____

SIGNATURE OF _____ DIRECTOR OF DEVELOPMENT SERVICES

FOR BUILDING USE ONLY

Building Address _____

Locality _____

Nearest Cross Street _____

Occupancy Group _____

Processed By: _____

Map No. _____

Type of Construction _____

Print Clearly or Type

COMMUNITY DEVELOPMENT

FOR DEPARTMENTAL USE ONLY

PLANNING DEPARTMENT

PARKING SPACES: REQUIRED PROVIDED SPECIAL CONDITIONS: CUP VAR OTHER PLANNING # _____

USE ZONE DATE: APPROVED DISAPPROVED BY:

FIRE DEPARTMENT DATE: APPROVED DISAPPROVED BY:

BUILDING DEPARTMENT DATE: APPROVED DISAPPROVED BY:

HEALTH DEPARTMENT DATE: APPROVED DISAPPROVED BY:

REMARKS _____

DO NOT OCCUPY BUILDING UNTIL ALL INSPECTIONS ARE COMPLETED

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.

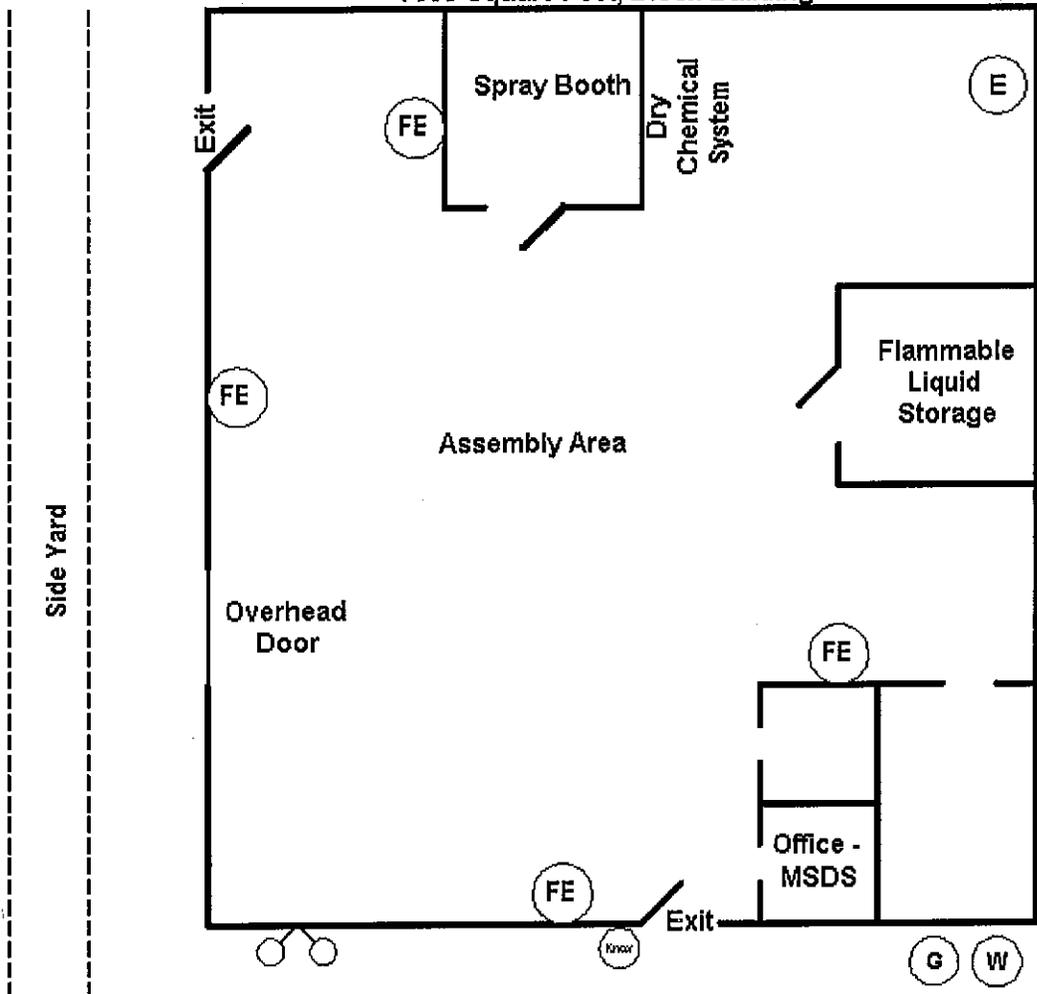
1. Operations conducted in the building are as follows:
 - a) Upholstery – manufactures loose cushions for wood and metal furniture as well as some fully upholstered furniture.
 - b) Plastic furniture – manufacture plastic furniture out of extruded plastic tubing. Operations include cutting, thermoforming and assembly.
 - c) Spray painting – painting of all necessary items. All spray painting to take place in 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 frames stacked upon themselves
 - b) Wood furniture parts palletized.
 - c) Upholstery materials in racks 6 feet high.
 - d) Plastic tubing and furniture parts in racks 6 feet high.
4. Materials are stored both in racks, on pallets, and free standing. Maximum height of storage is 10 feet.
5. No alterations are planned at this time.

Sincerely,

John J. Jones
President

JJJ:ab

Gary's Auto Body
17056 Gale Ave, Industry
7500 Square Feet, Block Building



(P.I.V.) Post Indicator Valve

 Fire Hydrant

SAMPLE FLOOR PLAN

Gale Avenue

- (G) Gas Shut-Off
- (FE) Fire Extinguisher
- (Knox) Access Keys
- (W) Water Shut-Off
- (E) Electrical Panel



HOME OCCUPATION AFFIDAVIT

Applicant's Name: _____

Subject Address: _____

Zone Designation: _____

Proposed Use: _____

The following requirements are necessary in order to maintain the integrity and compatibility of the proposed use within the residential zone, as prescribed in Bell Zoning Ordinance Section 9335 (c) :

1. No display or storage of goods, wares merchandise, or stock in trade maintained on the premises; and
2. No one, other than one (1) person residing on the lot where the home occupation is located, shall be regularly employed in such occupation; and
3. No equipment used in conjunction with such occupation, which emits dust, fumes, noise, odor, etc., which would or could interfere with the peaceful use and enjoyment of adjacent properties; and
4. Not more than two hundred (200) square feet of the floor space of the dwelling devoted to such use; and
5. No appreciable increase of traffic, pedestrian and vehicular, by reason of such occupation; and
6. No alteration of the structure, nor the use of any signs not otherwise permitted in the zone in which the occupation is located.

I have reviewed and understand the above listed requirements. Noncompliance with the above provisions will result in the revocation of your home occupancy business license.

Applicant's Signature

Date