



City of Pomona Planning Division

ZONING CLEARANCE APPLICATION

A Zoning Clearance application is a **required form** in order to submit a Business License application with the Business License Division. The City of Pomona has specific zoning and parking requirements for different types of businesses. Prior to entering into a lease agreement or purchasing a piece of property, it is recommended that you check with the Planning Division to determine if the type of business you wish to operate is permitted within the zoning district where it is located.

If your business is not permitted within the zoning district, the Planning Division can advise you of the proper zoning district(s) for your business.

BUSINESS INFORMATION

BUSINESS	Name of Business:
	Phone/Email:
	Address:

CONTACT INFORMATION

PROPERTY OWNER	Name:
	Phone/Email:
	Address:

If property owner is different than the applicant, please provide the following information:

APPLICANT	Name:
	Phone/Email:
	Address:

STATEMENTS OF INTENDED USE

	YES	NO
Do you intend to offer, sell transmit, exchange, for consideration, or otherwise allow the provision of any cannabis based product or service to any person(s) at your place of business or commercial property?		
Do you intend to offer, sell transmit, exchange, for consideration, or otherwise allow the provision of any massage or any massage-related, services to any person(s) at your place of business or commercial property?		
Do you intend to offer, sell transmit, exchange, for consideration, or otherwise allow the provision of any recycling, or any waste-related services to any person(s) at your place of business or commercial property?		

BUSINESS DESCRIPTION

Please provide a description of the business and include the following information:

1. General operations
2. All intended goods to be sold
3. Materials to be stored
4. Services to be provided

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FLOOR PLAN

Please provide a proposed floor plan of the intended business.

STATEMENT OF ACKNOWLEDGEMENT

I fully understand and acknowledge that cannabis related businesses are prohibited in every portion of the City of Pomona. I have no intention to locate, operate, own, lease, supply, allow to be operated, or aid, abet or assist in the operation of any cannabis related businesses within the City of Pomona. In the event that the applicant and / or its business operation, premises or building(s) fails to abide with this Statement of Acknowledgment, the business license shall be revoked upon 72 hours written notice provided to the applicant.

By signing the signature line below, you are acknowledging and accepting that the answers you provided above are accurate and true. Also, by signing the signature line below, you are acknowledging and accepting that any false, misleading, or fraudulent answer provided above may be grounds for the denial, suspension, and / or revocation of a City of Pomona business license.

DATE

APPLICANT SIGNATURE