



Revenue Division
PO Box 2200
Santa Monica, CA 90407-2200

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E: business.license@santamonica.gov
W: santamonica.gov/businesslicense

BUSINESS LICENSE COMMERCIAL ZONING REVIEW FORM

OFFICIAL USE ONLY

BL#:

REC#:

Businesses operating from a commercial location within the City of Santa Monica are required to go through the zoning conformance review process to verify that applicable activities comply with the zoning ordinance.

BUSINESS ENTITY INFORMATION

Legal Business Name: St. Joseph Center		DBA (if applicable):	
Business Physical Address:	413	Ocean Avenue	Santa Monica CA 90402
	<i>Number</i>	<i>Street</i>	<i>City State Zip</i>
Contact Information:	First Name: Laurie	Last Name: Craft	Title: Chief Program Officer
	Phone: (310) 396-6468	Email: lcrafft@stjosephctr.org	Fax:

BUSINESS ACTIVITY INFORMATION

Please describe your business activity in detail, using at least three sentences. (use additional sheets if necessary)

This site provides temporary housing for displaced individuals through a referral-based program. In partnership with the Department of Mental Health and St. Joseph Center, we deliver wraparound services including mental health care, substance abuse support, and medical linkages. Residents also receive assistance with long-term housing.

A.	Are you the owner of the subject property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Is the business currently licensed in the City of Santa Monica?	<input type="checkbox"/> Yes, BL# _____	<input checked="" type="checkbox"/> No
C.	Is your business moving from one location to another on the same property?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Is the business relocating to the building's 2nd floor or above?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Is the business activity similar to the previously licensed tenant?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Does the business lease space from an existing, licensed tenant in the same profession (e.g. hairdresser, attorney, or doctor leasing space from another hairdresser, attorney, or doctor)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Is the business located in a shared office space?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

COMMERCIAL LOCATION INFORMATION

1.	How much of the space you lease is used for general office tasks (accounting, marketing, clerical, billing, correspondence, phone calls, etc.)?	<input type="checkbox"/> 100%	<input type="checkbox"/> 99%-76%	<input type="checkbox"/> 75-51%	<input type="checkbox"/> 50-26%	<input checked="" type="checkbox"/> 25-16%	<input type="checkbox"/> 15-1%	<input type="checkbox"/> None	
2.	Are you operating a business that has obtained an entitlement through City Planning? (e.g. Conditional Use Permit, Alcohol Exemption)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
	If Yes, please list case #:								
3.	Does the business use, promote and allow for a walk-in clientele?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No						
	If No, please explain: The program is referral based.								
4.	Do you prepare or sell food at this location?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do you have customer seating?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
5.	Do customers purchase food at a walk-up counter?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Do wait staff take orders from the table?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No			
6.	Describe the food sales:								
	N/A								
7.	Does this business involve the sale of alcohol?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Alcohol license type:					

If Yes, an alcohol entitlement approval is required prior to any alcohol sales. Contact the Planning Division at 310-458-8341 to apply.

Complete next page

SANTA MONICA BUSINESS LICENSE—COMMERCIAL ZONING REVIEW FORM

8.	What was the name of the previous business at this location?		
	Unknown		
9.	What was the previous use of this space (e.g. general office, post-production, retail)? Senior City Housing		
	Enter the date that the previous business vacated space.	Month	Day
			Year

NOTE: If you are unsure of any of the above information, please contact the building owner or your leasing agent.

10.	Do you share this space with a separate business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Shared space business name:
11.	On which floor is the business located? All	
12.	What is the square footage of the space that you lease? (This is information that is included in your lease.)	6593
13.	Do you store products at this site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, how much product is stored?
14.	Describe the products stored on-site:	
15.	Describe pick up and delivery:	
16.	Do you manufacture products at this site? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If yes, describe the manufacturing process and product pickup and delivery procedures: (use additional sheets if necessary)	

ACKNOWLEDGEMENT

I certify under penalty of perjury that all statements made in this application are, to the best of my knowledge, true and correct, and that I have completed this application. I authorize the City of Santa Monica to verify all statements and information provided on this application.

_____ La Nesha Lewis <i>Printed Name</i>	_____ Signature	_____ 09/15/2025 Date
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OFFICIAL USE ONLY

Business Description:

Zone:	Permitted land use:	SMMC Section:
Entitlement(s): <input type="checkbox"/> Yes <input type="checkbox"/> No	Entitlement(s) required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Case #:		If yes, type required:
<input type="checkbox"/> New Business	<input type="checkbox"/> Change of Existing Business	(check all that apply) <input type="checkbox"/> Address <input type="checkbox"/> Business Activity <input type="checkbox"/> Ownership
		<input type="checkbox"/> Other (specify):

Comments:

REVIEW AND DETERMINATION

Permitted Use—Approved
 Non-Permitted Use—Denied

_____ <i>Planning Staff Printed Name</i>	_____ Signature	_____ Date
_____ Title	_____ Email	_____ Extension