



HOME COTTAGE FOOD FORM

PLEASE COMPLETE ALL ITEMS BELOW, THEN RETURN VIA (CHOOSE ONE):

Email: sanleandro@hdlgov.com **OR Mail to:** 8839 N Cedar Ave. #212, Fresno, CA 93720

BUSINESS NAME

PROPERTY ADDRESS

ASSESSOR PARCEL #

www.sanleandro.org/zoning

OWNER NAME

PHONE

EMAIL

BUSINESS INFORMATION

ZONING CODE SECTION 4-1688	APPLICANT TO COMPLETE	OFFICIAL USE ONLY
1. Distance between Cottage Food Operations (Ft.)*		<input type="checkbox"/> Minimum 150 ft.
2. Continuous Street Parking in front of home (Ft.)*		<input type="checkbox"/> Minimum 32 ft.
3. Parking and Circulation Plan	<i>Attach drawing of house, driveway, and parking</i>	<input type="checkbox"/> Attached
4. Maximum Noise Allowance, up to 55 db	<input type="checkbox"/> I agree _____ (initial)	<input type="checkbox"/> Agreed
5. Deliveries by usps or similar carrier, or by trucks, vans of 3/4 ton or less in size	<input type="checkbox"/> I agree _____ (initial)	<input type="checkbox"/> Agreed
6. # Off-street parking spaces on property		<input type="checkbox"/> < 2 spaces <input type="checkbox"/> 2+ spaces
7. # of Employees		
8. Sales of Products at Home	<input type="checkbox"/> YES <input type="checkbox"/> NO	
9. Alameda County Health License #		<input type="checkbox"/> Received

*Requirements do not apply if there is no sales of products at the residence OR there are 2+ off-street spaces for guest parking.

BUSINESS OWNER OR AUTHORIZED REPRESENTATIVE

I (We) have read and understand the requirements of a Cottage Food Operation as outlined in Section 2.04.228 of the City of San Leandro Zoning Code. I (We) understand that operating a Cottage Food Operation that is not in compliance with Section 2.04.228 shall be grounds for revocation of the permit. I (We) also understand that this approval may not be transferred to another person or address unless a new application is filed and approved. I declare under penalty of perjury that the statements made in this application are true. I further agree that business shall be conducted in accordance with the San Leandro Municipal Code. I understand that the filing of this application and payment of fees does not entitle me to commence or carry on any business in the City of San Leandro until said Business License is approved and issued. Upon issuance of a Business License, it shall be my responsibility to renew the license annually by January 31st.

SIGNATURE

Business owner

PRINT NAME

Authorized Representative

PROPERTY OWNER OR PROPERTY MANAGEMENT

SIGNATURE

Property Owner

PRINT NAME

Property Management

ADDRESS

PHONE

EMAIL

OFFICIAL USE ONLY

ACCOUNT #

ZONING DISTRICT

This property meets all of the criteria required by Section 2.04.228 of the San Leandro Zoning Code.

This application does not comply with one or more of the standards set forth in Section 2.04.228.C of the San Leandro Zoning Code. An Administrative Exception is required per Section 2.04.228.E.

APPROVED DENIED

By:

Date:

STAFF COMMENTS