



BUSINESS LICENSE APPLICATION PART II ZONING

835 East 14th Street, San Leandro, CA 94577 (510) 577-3392

MUST BE SUBMITTED IN PERSON FOR APPROVAL

- New Application
 Change of Name
 Change of Address
 Change of Ownership

Business Name	
Business Location <small>Address</small> <small>Cannot be PO Box</small> _____ <small>City State Zip</small>	Mailing Address <small>Address</small> _____ <small>City State Zip</small>
Phone No.	
Email	
Description of Business	
1. Name of previous tenant:	Vacated on:
2. Describe previous use of the property	
3. How many off-street parking spaces will be provided? _____ Parking Spaces	
Will the business involve any company vehicles? <input type="checkbox"/> No <input type="checkbox"/> Yes, # of Company Vehicles: _____ Please describe:	
4. What is the gross interior floor area of your business space? _____ Square Feet	
Of that space, how many interior square footage will be dedicated for the following uses Retail Sales: _____ Sq.Ft. Manufacturing : _____ Sq.Ft. Office : _____ Sq.Ft. Warehousing : _____ Sq.Ft. Other (specify): _____ Sq.Ft.	
5. What products, materials or equipment will be used and/or stored on the property?	
6. Any outdoor activity or storage use? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please describe:	

PROPERTY OWNER / PROPERTY MANAGEMENT	
Name	_____
Address	_____
City, State, Zip	_____
Phone No.	_____
Signature of Property Owner or Authorized Property Manager	
<input type="checkbox"/> Property Owner	_____
<input type="checkbox"/> Property Management	_____ Date

CERTIFICATION & ACKNOWLEDGMENT	
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 of Business Owner or Authorized Representative	
_____	_____
Title	Date

OFFICIAL USE ONLY	
Confirmation #	_____
APN #	_____
Zoning District	_____
Use	_____
Use Code Section	_____
Business License #	_____

Circle

Permitted Use	Y / N
Conditional Use	Y / N
Sign Permit Req'd	Y / N
Parking Exception Req'd	Y / N
Site Plan or Floor Plan Req'd	Y / N
Referred for Building Permits	Y / N
Referred for Fire Permits	Y / N

PLANNING	
Circle: APPROVED / DENIED	
By:	_____
Date:	_____

POLICE	
Circle: APPROVED / DENIED	
By:	_____
Date:	_____

STAFF COMMENTS	
_____ _____ _____	