



BUSINESS LICENSE APPLICATION PART II ZONING

835 East 14th Street, San Leandro, CA 94577 FINANCE: (510) 577-3392, ZONING: (510) 577-3325

MUST BE SUBMITTED IN PERSON FOR APPROVAL

<input type="checkbox"/> New Application <i>(Complete Both Sides)</i>	<input type="checkbox"/> Change of Address <i>(Complete Both Sides)</i>	<input type="checkbox"/> Change of Name	<input type="checkbox"/> Change of Ownership/Entity
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 _____		<input type="checkbox"/> Property Owner <input type="checkbox"/> Property Management	
Mailing Address _____			
Phone # _____		Email _____	
Signature of Property Owner or Authorized Property Manager OR <input type="checkbox"/> Attach Copy of Signed Lease _____ Date _____			

OFFICIAL USE ONLY	
Confirmation # / BL # _____	
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	

