



ZONING APPROVAL BUSINESS LICENSE APPLICATION

835 East 14th Street, San Leandro, CA 94577 (510) 577-3378

MUST BE SUBMITTED IN PERSON FOR APPROVAL

New Application
 Change of Address
 Change of Name
 Change of Ownership/Entity

Business Name

Business Location
Cannot be PO Box Address
 San Leandro CA
City State Zip

Phone No.

Email

Description of Business

1. Total # of Employees: _____ # Owners _____ # of Employees _____ Other (specify): _____

2. 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.

3. How many off-street parking spaces will be provided? _____ Parking Spaces
 Will the business involve any company vehicles? No Yes, # of Company Vehicles: _____
 Describe: _____

4. What products, materials or equipment will be used and/or stored on the property?

5. Any outdoor activity or storage use?
 No Yes, Describe: _____

6. Name of previous tenant: _____ Vacated on: _____
 Previous use of the property: _____

CERTIFICATION & ACKNOWLEDGMENT	PROPERTY OWNER / PROPERTY MANAGEMENT
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.	Name _____ Address _____ City, State, Zip _____ Email or Phone _____
Signature of Business Owner or Authorized Representative <input type="checkbox"/> Business Owner <input type="checkbox"/> Authorized Representative Date _____	Signature of Property Owner/Mgmt OR <input type="checkbox"/> Attach Copy of Signed Lease <input type="checkbox"/> Property Owner Date _____ <input type="checkbox"/> Property Management Date _____

Under federal and state law, compliance with disability access laws is a serious and significant responsibility that applies to all California building owners and tenants with buildings open to the public. You may obtain information about your legal obligations and how to comply with disability access laws at the following agencies: The Division of the State Architect at www.dgs.ca.gov/dsa/Home.aspx - The Department of Rehabilitation at www.rehab.cahwnet.gov - The California Commission on Disability Access at www.cdda.ca.gov.

OFFICIAL USE ONLY

Business License # _____

APN # _____

Zoning District _____

Land Use _____

Use Code Section _____

Circle

Permitted Use	Y / N
Planning Permit Req'd	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: _____

STAFF COMMENTS
