



Additional Questions - All fields must be completed. Put N/A if the question does not apply.

Type of Ownership

Number of Employees

Are you currently operating this business at the provided address?

What are your hours of operation? _____ to _____

Note: Operational hours include hours your business is open to customers **AND** when employees are working on-site. Hours between 11pm to 6a.m requires are considered as "late-night hours" and requires a Conditional Use Permit.

Do you sell tobacco products?

If yes, a separate form must be filled out for a Tobacco Retailers Permit and you must bring a copy of your State Tobacco License.

Do you sell alcohol?

Are you a used-car dealer?

Are you an Adult-Oriented business?

Does the business involve the production of cannabis?

Is this business engaged in a licensed healthcare activity and/or a licensed healthcare provider as defined by the California Department of Consumer Affairs?

California Massage Therapy Council (CAMTC) Certification

Contractor State License Number	Class	Expiration Date
---------------------------------	-------	-----------------

Has your business obtained an Industrial NPDES Permit?

If YES, please provide applicable information about the existing Industrial Stormwater NPDES Permit below. If NO, and it is determined that your business requires such a permit, you will need to start the process of obtaining a Stormwater Industrial General Permit by contacting the State Water Resources Control Board.

WDID#	WDID Application #	NONA ID#	NEC ID#
-------	--------------------	----------	---------

Are there any other permits associated with this business (existing or proposed)? If YES, please list the permit(s) below:

Is this business undergoing ownership change at the provided business address?

Are you proposing any tenant improvements or remodeling? (Excluding painting & flooring)

Are you subdividing a tenant space?

How many stories is the building?

If the building has more than one (1) story, does the building have an elevator?

Do you have a land use/planning entitlement?

If YES, what is the file#

Are you storing Hazardous Materials?

What is the previous use/occupancy of the location?

Will the building or building interior change/alter from the existing condition

(Excluding painting & flooring)?

Does the business involve any of the following uses/conditions/materials?

What is the gross floor area of your tenant space (measured from exterior wall to exterior wall)?

Please provide details on the business model and describe the operations that will take place at this location.

For example, how much area is used as an office or for storage, manufacturing, etc.?

Provide the square footage allocated to each use (e.g. how much area is used for an office, storage, or manufacturing, etc.)