



APPLICATION FOR ZONING USE CERTIFICATE

Instructions: Please answer the following questions as completely and legibly as possible. Please provide a dimensioned floor plan or a copy of the lease/rental agreement which shows the square footage being leased. Please draw a seating plan on the back of the application if the use is for a restaurant, delicatessen, church, classroom or theater.

1. Business Address ( Include Suite No., City and Zip Code):

2. Business Name:

3. Describe in detail the business activities

4. Applicant's Title? [ ] Owner [ ] President [ ] Officer or CEO

Business Owner's Name:

Mailing Address

Phone No. Alt. Phone No.

5. Property Owner's Name:

Address: Phone No.:

6. Existing Building Use: [ ] Gen. Office [ ] Retail [ ] Medical Office [ ] Manufacturing [ ] Wholesale/Distribution

[ ] Warehouse [ ] Eating Establishment [ ] Other

7. Proposed Building Use: [ ] Gen. Office [ ] Retail [ ] Medical Office [ ] Manufacturing [ ] Wholesale/Distribution

[ ] Warehouse [ ] Eating Establishment\*\* [ ] Other

8. Please fill in the following:

\*\* Draw seating plan on back of application

Floor Area for Occupancy ( Square Feet ):

New Business: [ ] Yes [ ] No

No. of Employees:

First Time Business in Glendale: [ ] Yes [ ] No

No. of Seats For Patrons:

Outdoor Storage ( M1/M2 Only): [ ] Yes [ ] No

9. Are You Sharing Space ( Subleasing )? [ ] Yes [ ] No

Alcoholic Beverage Sales: [ ] Yes [ ] No

If Yes, From Whom?

If Yes to Alcoholic Beverage Sales: \* [ ] Existing [ ] Proposed

Primary Lessee's UO / PZUC No.

\* Attach Copy of Current ABC State License

I DECLARE UNDER PENALTY FO PERJURY, THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND CORRECT. I FURTHER ACKNOWLEDGE THE ISSUANCE OF THIS CERTIFICATE DOES NOT RELIEVE ME FROM LEGAL OBLIGATION TO OBTAIN ANY AND ALL NECESSARY PERMITS AND/OR COMPLYING WITH OTHER APPLICABLE LOCAL, STATE, AND FEDERAL REGULATIONS AS MAY APPLY TO THE USE AND /OR BUSINESS

Business Owner's Signature ID/Driver's Lic.: Date:

Signature of this individual must be verified by personal identification. Any person signing this permit application as agent for the business owner shall have an original letter of authorization at the time of application. If a new Zoning Use Certificate has not been obtained within six months after the application fee is paid, a new application and respective fees shall be collected. Upon written request from the applicant, the Zoning Administrator may extend the period of the certificate application

FOR STAFF USE ONLY ( DO NOT WRITE BELOW THIS LINE)

Table with 7 columns: Accepted By, Date, Receipt No., Fee, Zoning Designation, SIC(Proposed), Section Sheet

Staff Comments, Conditions, Restrictions

Zoning Case Number(s) Specify Type of Eating Establishment

OK to Submit By: Inspection Required? [ ] Yes [ ] No Fire Review

30-day Letter Request for Service Dental Letter OK to Issue By:

PZUC No.

Business Address

Please use this area to draw a seating plan

