



# City of Anaheim, California Planning Department

## ZONING REVIEW FOR BUSINESS LOCATION

Thank you for doing business in the City of Anaheim! We look forward to assisting you in your venture. Before your application for a Business Certificate can be processed, we need to verify that your business meets all City Zoning requirements. To help us, please forward answers to the questions below along with your Business Certificate Application. Answering all related questions as complete as possible will help avoid any delays. If you have any questions or comments please feel free to contact us at (714) 765-5139, Monday through Friday, 8:00 a.m. to 5:00 p.m. Thank you for your cooperation. (PLEASE TYPE OR PRINT LEGIBLY)

Describe the business to be operated on this property in detail (include number of employees and days and hours of operation - please be specific): \_\_\_\_\_  
\_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Your Name and Relationship to Business: \_\_\_\_\_  
(i.e. owner, employee, officer, partner)

Phone number where you can be reached during the day: ( \_\_\_\_\_ ) \_\_\_\_\_

**YES NO N/A**

FOOD SERVICE (If applicable)

- A. Will the food service be waitress/waiter service?.....  YES  NO  N/A
- B. Will the food service be take-out only?.....  YES  NO  N/A
- C. Will the food service be a combination of take out and sit down?.....  YES  NO  N/A
- D. If the proposed facility has seating how many seats are proposed?.....  YES  NO  N/A
- E. Will you be selling or serving alcoholic beverages?.....  YES  NO  N/A  
If yes, what type (please circle the one that applies): beer only/beer & wine/liquor
- F. Was this a previous food service establishment?.....  YES  NO  N/A  
If yes, what type: \_\_\_\_\_
- G. Any outdoor seating proposed?.....  YES  NO  N/A
- H. Is this a drive-through facility?.....  YES  NO  N/A
- I. Is there any entertainment proposed? If so, describe what type of entertainment:.....  YES  NO  N/A
- J. Is there any dancing proposed?.....  YES  NO  N/A  
If so, is there a separate cover charge proposed?.....  YES  NO  N/A

ADULT BUSINESSES (If applicable)

- A. Will you be selling or displaying material (movies-books-video) depicting specified anatomical areas or sexual activities? (See Section 18.54 of the Anaheim Municipal Code-Sex Oriented Business).....  YES  NO  N/A
- B. Will you have employees or yourself providing nude or partially nude modeling or entertaining for someone (customer), either at your location or after being sent to another location? .....  YES  NO  N/A
- C. Will you or your employees be giving massages or manipulation of the body either at the location indicated above or at any other location?.....  YES  NO  N/A

(Over, please)

	YES	NO	N/A
<u>ALCOHOLIC BEVERAGES/ENTERTAINMENT</u> (If applicable)			
A. Will your business be selling/serving alcoholic beverages with substantial meals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will there be entertainment including bands, disc jockey or karaoke?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
C. Will there be dancing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, will there be a separate charge or admission charge for dancing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Will you have any of the following? If yes, how many? pool tables _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
arcade devices _____ juke boxes _____			
<u>INDUSTRIAL USES</u> (If applicable)			
A. Will your operations include any processing, handling or storage of hazardous materials? If so, please describe: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If your business is a wholesale business, will there be any retail sales to the public?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, what percentage of gross sales? _____			
C. Is your industrial business location being used strictly as an office only with no warehousing or manufacturing?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
E. Will there be any outdoor storage or any other outdoor business activity (i.e. storage, work, display, sales)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____			
<u>OFFICE USES</u> (If applicable)			
A. Will this use be a medical, dental or chiropractic office?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will the office use be in your home?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, how many employees, besides yourself will you have at your home? _____			
C. If the business is operated in your home, have you received a Home Occupation Registration and agreed to follow the conditions listed in the registration?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMERCIAL USES</u> (If applicable)			
A. Are there any grocery items for sale at your location?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Will your business have any alcohol sales for off-premises consumption?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does your business involve any repair, painting, detailing or installation of parts or accessories for any automobile, truck, motorcycle, watercraft, or recreation vehicle?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe: _____			
D. What is the approximate size of your store? _____ sq. ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. What retail items will your business be selling? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby declare under penalty of perjury that the responses I have given are true and correct to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for the time you spent completing this form. If we have any questions we will call you at the number you have indicated on the reverse side. Otherwise, this information will be quickly transmitted to the Business License Division to expedite the processing of your business license certificate.

FOR PLANNING DEPARTMENT USE ONLY		
REVIEWED BY : _____	DATE: _____	ZONE: _____
DETERMINATION: _____		