



REGULATORY PERMIT APPLICATION

PLANNING SERVICES DIVISION

ELECTRONIC SUBMITTAL REQUIREMENTS CHECKLIST

INTRODUCTION

The purpose of the regulatory permit is to provide for Planning Director review of applications relating to entertainment and smoking lounges to ensure that they meet the intent of the Zoning Code and General Plan. These are permits that do not require review by the Planning Commission or other hearing body.

PROCEDURES

Applications will be processed according to the Regulatory Permits Processing Schedule listed on the last page of this application. The Planning Director will make a decision on the request within ten business days of receipt. This decision will be final and effective ten (10) days following the date of the decision unless an appeal is filed within that time. A letter will be provided to the applicant describing the decision and any conditions of approval applicable to the project.

APPEALS

Anyone dissatisfied with the decision of the Planning Director may file an appeal. When an appeal is filed, the Administrative Permit will be scheduled for a hearing in front of the City Employee Hearing Officer. All appeals shall be made in writing and filed with the Planning Department within ten (10) days of the decision of the Planning Director. The appeal must be submitted to the Planning Department with payment of an applicable appeal fee and should clearly identify the appellant(s), shall specify the decision appealed and the reasons for appeal.

OFFICE USE ONLY – TO BE COMPLETED BY PLANNER

Initial Contact: _____ Intake Plnr: _____ Assigned Plnr: _____

Case Number(s): _____

Filing Deadline: _____ Decision Due: _____

Decision (see permit): _____

Electronic Submittal Requirements:

The following minimum information and materials required for the processing of Administrative Permits. All plans must comply with the [E-plan Submittal Requirements](#) and [Sheet Numbering Guidelines](#). Submittal requirements are as follows depending on the type of request:

If you have obtained this application through our website, please contact a planner at 714-765-5139 to confirm applicability of the submittal items.

ENTERTAINMENT AND SMOKING LOUNGE

- 1. REGULATORY PERMIT APPLICATION Form.
- 2. Fee- Payment amount identified in the [Planning and Zoning Fee Schedule](#).
- 3. Submit a scaled site plan which addresses the following:
 - Parking areas with calculation;
 - [Parking calculation](#) (Smoking Lounges require 17 parking spaces per 1,000 s.f. of GFA plus 29/1000 s.f. of dance floor; please see [A.M.C. Section 18.42.040.010](#) for parking space requirements for all other uses)
 - Distance of subject tenant space to property lines
 - Any outdoor seating areas
 - Identify any designated outdoor smoking area
- 4. Submit a scaled floor plan which addresses the following:
 - Location of Entertainment Area and dance floor (if any) including size, based upon square feet
 - Show all exits, tables, seats, bars and provide dimensions of all aisles.
 - Provide approved occupant load number and location of the required occupant load sign. Proposed and existing occupancy.
 - Indicate compliance with Fire Department specifications for Smoking Lounges.*
- 5. Copy of Alcoholic Beverage License with the Conditions of Approval (for establishments who sell and serve alcoholic beverages).
- 6. Submit a noise and security plan for the control of pedestrian and vehicular traffic and prevention of unlawful and disruptive conduct of employees or patrons within the building and outside areas.
- 7. [Employee and Business Operator Information Sheet](#)*
- 8. [Entertainment Description](#)*
- 9. Read applicable code requirements provided under [Section 18.16.060 \(Entertainment\)](#) and [Section 18.16.080 \(Smoking Lounge\)](#).
- 10. Administrative and Regulatory Permit Filing Schedule. Applications will be processed according the [Administrative and Regulatory Permit Filing Schedule](#).

WHOLESALE AUTOMOTIVE SALES AGENCY OFFICE

- 1. REGULATORY PERMIT APPLICATION Form.
- 2. FEE - Payment amount identified in the [Planning and Zoning Fee Schedule](#).
- 3. SITE PLAN
- 4. FLOOR PLAN
- 5. LETTER OF OPERATION – Submit a typed letter describing the business operation, hours of operation, number of employees, and the location of off-site inventory.
- 6. Read applicable code requirements provided under Section 18.38.065 (Automotive-Sales Agency Office).
- 7. Administrative and Regulatory Permit Filing Schedule. Applications will be processed according to the [Administrative and Regulatory Permit Filing Schedule](#).

* ***Refer to supplemental sheet for additional information.***

APPENDIX A

REQUIREMENTS FOR SITE AND FLOOR PLANS

The following minimum information and materials required for the processing of Administrative Permits. All plans must comply with the [E-plan Submittal Requirements](#) and [Sheet Numbering Guidelines](#).

SITE PLAN REQUIREMENTS:

1. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
2. Name, address, telephone number, and license/registration number of engineer, surveyor, or person responsible for preparation of the plan
3. Name, address and telephone number of applicant.
4. Vicinity map and address of project site and associated buildings.
5. Location of all property lines and easements, including type and dimension.
6. Table summary of acreage, gross square footage, number of units (if applicable), type of construction, allowable floor area versus provided floor area, occupancies and parking spaces required and provided. Only required for new construction.
7. Parking tabulation/analysis that includes the following:
 - a. Tenant addresses and/or unit identification of all units on the property.
 - b. Tenant use and square footage (area) of each tenant space of all units on the property.
 - c. Parking spaces provided and required.
 - d. Existing and proposed handicap spaces and path of travel for accessibility.
8. Dimensions including:
 - a. Required building setback lines.
 - b. Distance between all buildings.
 - c. Distance from structures to property lines.
 - d. Distance to nearest street intersection centerline including names and widths of all adjacent streets
9. Location and use of all existing and proposed structures, landscape areas (include total area of square footages for existing and proposed), parking spaces (total number and dimensions), fences, lighting, trash enclosures, outdoor dining areas, service areas, utility/emergency vehicle access and turn-around areas, passenger drop-off and bus lay-by areas, freestanding signs, etc.).
10. Access and circulation for pedestrians and vehicles, including service areas and location and width of existing driveways on adjacent properties and across street. Show truck and vehicle turning templates as appropriate.

FLOOR PLANS REQUIREMENTS:

1. Name, address and phone number of applicant.
2. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
3. Address of project.
4. Floor plans must include dimensions and purposes of uses for all spaces within floor plan (i.e. dance floor, dining area, kitchen, office, storage, etc.).
5. Existing and proposed occupancy.

REGULATORY PERMIT APPLICATION FORM

CIT OF ANAHEIM – PLANNING AND BUILDING DEPARTMENT

APPLICATION TYPE – check appropriate permits requested:

Entertainment Smoking Lounge Auto Wholesale Sales Office Other: _____

BUSINESS INFORMATION:

Business Name: _____

Business Address or Location:

City	State	Zip
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Business Phone:	Fax Number:	E-Mail Address:
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Mailing Address:

City	State	Zip
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APPLICANT (BUSINESS OWNER) INFORMATION (the individual or entity financially responsible for the project):

Applicant Name:	Company Name:
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Alias or Maiden Name:	
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Phone No:	Fax No:	E-mail Address:
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Address:	City:	Zip Code:
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Place of Birth	Date of Birth:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Age:	Height:	Weight:	Hair Color:	Eye Color:
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Driver's License No.	State	Social Security No.:	Other Licenses Held	State
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I hereby certify under the penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. I do hereby authorize the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapter 18.16 or other applicable laws are met. I further understand that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating Massage, Smoking Lounge and Entertainment Premises is available to me in the City Clerk's Office or over the Internet at www.anaheim.net (Chapter 18.16 of the Anaheim Municipal Code).

Signature

Date

Print Name and Title

CODE COMPLIANCE (for Entertainment, Smoking Lounge, and Amusement Devices Permits only)

I have received and reviewed the code requirements for Entertainment Smoking Lounge Wholesale Sales Agency Office and I understand that I am responsible for adhering to those regulations.

Signature: _____ Date: _____

CORPORATION, L.L.C. OR PARTNERSHIPS ONLY

Name of Responsible Managing Officer of Corporation, L.L.C. or Partnership:

Attach copy of Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation.

Is this a Corporation, L.L. C. or a Partnership? Corporation L.L.C. Partnership

Name of the Corp., L.L.C., or Partnership (as shown in above documents):

State of Registration	Registration Number	Date of Registration
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If a Corporation, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation. If a Partnership or LLC, include the names, residence addresses & dates of birth of each of the partners, including limited partners or members.

1 Name	Address			
City	State	Zip	Date of Birth (if Partnership)	
2 Name	Address			
City	State	Zip	Date of Birth (if Partnership)	
3 Name	Address			
City	State	Zip	Date of Birth (if Partnership)	
4 Name	Address			
City	State	Zip	Date of Birth (if Partnership)	
5 Name	Address			
City	State	Zip	Date of Birth (if Partnership)	

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership been convicted of a crime? Yes No

If yes, provide individual's name, describe offense, where, and date of offense below.

AGENT INFORMATION (IF APPLICABLE):

Applicant Name:		Company Name:	Relationship to Applicant:
Phone No:	Fax No:	E-mail Address:	
Address:		City:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. The applicant name should match the DTF Setup Form and is the person financially responsible for the payment of fees associated with this request.

Signature: _____ **Date:** _____

PROPERTY OWNER INFORMATION:

Property Owner:		Company Name:	
Phone No:	Fax No:	E-mail Address:	
Address:		City:	Zip Code:

I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Administrative Permit. I approve of the action requested.

Signature: _____ **Date:** _____

RESPONSIBLE EMPLOYEE FOR MASSAGE ESTABLISHMENTS (if not business owner):

Applicant Name:		Company Name:	Relationship to Applicant:
Phone No:	Fax No:	E-mail Address:	
Address:		City:	Zip Code: