OCCUPATIONAL USE PERMIT APPLICATION

CITY OF SAUSALITO | COMMUNITY DEVELOPMENT DEPARTMENT
420 LITHO STREET | SAUSALITO CA 94965 | (415) 289-4128 | FAX (415) 339-2256

Instructions: This application must be filed with the Community Development Department when a business is established in a new location or tenant space, or when an existing business changes its location or changes the square footage of its floor area or land area. Attach additional sheets as needed.

PART 1 – TO BE COMPLETED BY BUSINESS OWNER

BUSINESS ADDRESS: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____ HOME TELEPHONE: _____ FAX: _____

GROSS FLOOR AREA OF BUSINESS: _____ SQ. FT.

IS THIS A SUBLEASE? _____ NO _____ YES IF SO, FROM WHAT BUSINESS? _____

AMOUNT OF FLOOR AREA DEVOTED TO VARIOUS ACTIVITIES (i.e., retail, dining, food preparation, office, manufacturing, storage, shipping, etc.): _____

HOME BUSINESSES ONLY: NUMBER OF RENTAL ROOMS: _____ NUMBER OF OFF-STREET PARKING SPACES: _____

NUMBER OF DWELLING UNITS ON PROPERTY: _____

ALL OTHER BUSINESSES: OFF-STREET PARKING SPACES (ON SITE): _____ NUMBER OF EMPLOYEES: _____

NUMBER OF SEATS (RESTAURANT/BAR/THEATER): _____ INDOOR _____ OUTDOOR (RESTAURANT ONLY)

CHAIRS (HAIR/NAIL/BARBER SALONS): _____ RENTAL ROOMS (HOTELS): _____ MARINA BERTHS: _____

ALL BUSINESSES: DESCRIBE ANY SPECIAL CONDITIONS (e.g., hazardous substances, noisy or vibrating tools/machines, smoke, dust, glare, etc.). _____

BUSINESS OWNER CERTIFICATION

NAME OF OWNER (PRINT): _____

ADDRESS OF OWNER: _____

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED IN PART 1 OF THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____

PART 2 – TO BE COMPLETED BY PROPERTY OWNER OR PROPERTY MANAGER

PROPERTY OWNER (PRINT): _____ PHONE: _____

MAILING ADDRESS: _____

HOME BUSINESSES ONLY: GROSS FLOOR AREA OF BUSINESS SPACE: _____ SQ. FT.

ALL OTHER BUSINESSES: PARCEL AREA: _____ SQ. FT. GROSS FLOOR AREA OF STRUCTURE(S): _____ SQ. FT.

GROSS SQ. FT. OF FLOOR AREA LEASED TO THIS BUSINESS: _____ SQ. FT.

TOTAL ON-SITE PARKING SPACES: _____ NUMBER OF PARKING SPACES FOR THIS BUSINESS: _____

NAME OF PRIOR TENANT FOR THIS SPACE: _____

TYPE OF USE: _____

_____

PROPERTY OWNER OR PROPERTY MANAGER CERTIFICATION

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED IN PART 2 OF THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE:

PRINT: _____ SIGNATURE: _____ DATE: _____

CITY STAFF ONLY

DATE RECEIVED: _____ RECEIVED BY: _____ FEE: _____ RECEIPT NO: _____

ZONING DISTRICT: _____

PER ZONING ORDINANCE SECTION USE CLASSIFIED AS: _____

IS A CONDITIONAL USE PERMIT (CUP) REQUIRED FOR THE USE?	YES	NO	
IF YES, HAS A CUP BEEN GRANTED AND IS IT STILL VALID?	YES	NO	N/A
IS CENTRAL COMMERICAL DISTRICT SUPPLEMENTAL QUESTIONNAIRE COMPLETED (IF APPLICABLE)?	YES	NO	N/A
IF LOCATED IN THE CENTRAL COMMERICAL ZONING DISTRICT, IS THE USE "VISTOR SERVING"?	YES	NO	
IS FORMULA RETAIL SUPPLEMENTAL QUESTIONNAIRE COMPLETED?	YES	NO	
IS THIS A FORMULA RETAIL USE (PER SECTION 10.44.240)?	YES	NO	
IF YES, HAS A CUP BEEN GRANTED AND IS IT STILL VALID?	YES	NO	
IS THE USE IN COMPLIANCE WITH MARINSHIP SPECIFIC PLAN? (IF APPLICABLE)	YES	NO	N/A

ADDITIONAL CONDITIONS / REGULATIONS: _____

_____

SQUARE FOOTAGE APPROVED FOR NO MORE THAN: _____
(AN AMENDED OCCUPATIONAL USE PERMIT IS REQUIRED FOR CHANGE IN SQUARE FOOTAGE)

REQUIRED PARKING RATIO FOR USE(S): _____

IF EATING ESTABLISHMENT, MAXIMUM NUMBER OF SEATS ALLOWED: _____

* APPLICANT MUST MEET ALL REQUIREMENTS OF THE MARIN COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH WITH REGARD TO FOOD PREPARATION.

* NO PUBLIC "TAKE-OUT" OF FOOD OR BEVERAGES SERVICE IS PERMISSIBLE.

DETERMINATION BY COMMUNITY DEVELOPMENT DEPARTMENT:

_____ APPROVED _____ APPROVED WITH FOLLOWING CONDITIONS: _____

_____

_____ DENIED FOR FOLLOWING REASON(S): _____

_____

PRINT: _____ SIGNATURE: _____ DATE: _____

In order to open a new business, a Business License is needed in addition to an Occupational Use Permit. After obtaining an Occupational Use Permit, the business owner needs to complete a Business License Application, which can be obtained from the Community Development Department or at www.ci.sausalito.ca.us.

FORMULA RETAIL SUPPLEMENTAL QUESTIONNAIRE

Business Name:_____ Address:_____

	Yes	No
Does the business include a retail sales activity?		
Does the business have multiple locations? If YES, how many locations does the business have?_____ Provide the name and addresses of the other locations. _____ _____ _____ _____		
Does the business have, use, offer, or maintain a standardized array of services and/or merchandise?		
Does the business have, use, or maintain a standardized name, trademark, logo, service mark, symbol and/or sign?		
Does the business have, use, or maintain a similar décor, architecture, and/or layout?		
Do the employees wear a uniform or standardized clothing?		
Does the business have, use, offer, or maintain any other standardized feature(s)?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: _____Signature: _____ Date: _____

CENTRAL COMMERCIAL ZONING DISTRICT
SUPPLEMENTAL QUESTIONNAIRE

Business Name:_____ Address:_____

This questionnaire must be completed by all applicants who wish to open a business in the **Central Commercial Zoning District. This Zoning District includes all properties addressed from 539 Bridgeway to 885 Bridgeway; from 2 Princess Street to 52 Princess Street; and on El Portal.**

Is the business located in the Central Commercial Zoning District?
If YES, check here _____ and complete this questionnaire and sign at the bottom.
If NO, check here _____ sign and at the bottom of this questionnaire.

Describe in detail the nature of your proposed business, all services offered, and/or any type of merchandise or food products to be sold. Attach additional sheet(s) as necessary.

_____
_____
_____
_____
_____
_____

	Yes	No
Are you requesting an Occupational Use Permit to expand or relocate an existing business in Sausalito by moving from one tenant space to another, either within the same building or to different building? **If YES**, please complete the following: Location and square footage of **Existing** tenant space:_____ Location and square footage of **New** tenant space:_____		
Will your business sell apparel which bears place names or the names or likenesses of famous personalities? Examples of such apparel include jackets, sweatshirts, caps, and/or tee-shirts with a logo representing Sausalito or San Francisco.		
Will your business include automated merchandising machines? Examples of such machines include vending machines, electronic game machines, and photo booths.		
Will your business sell camera equipment, photo supplies, and/or photo finishing?		
Will your business offer sales of gift and novelty items and/or souvenir items which may include any combination of the following: balloons, curios, novelties, post cards, souvenirs, or any items bearing local place names?		
Will your business be considered a “greeting card store”? If so, please list the inventory of items you will offer?		
Will your business sell copies of art work or art objects, such as paintings, graphic arts, sculpture, glass, etc.?		
Will your business primarily engage in the sale of original art objects?		

	Yes	No
Will your business offer free memberships or allow customers to pay by the hour to utilize a particular service? If YES, please mark if your business offers any of the following services: Health Club ___ Health Spa ___ Turkish Bath___ Steam Bath ___ Massage Parlor ___ Other/Similar (Describe):_____		
Will your business offer any of the following specialty services? Astrology ___ Palm Reading ___ Phrenology ___ Fortune Telling ___ Tattoos ___ Other/Similar (Describe):_____		
Will your business offer wax imitations of famous personalities, animals, and/or events for viewing by the public?		
Will your business offer candy or frozen dessert products such as ice cream, frozen yogurt, smoothies, freezes, ices, gelato, and/or frozen custards?		
Will your business offer the sale of costume jewelry?		
Will your business offer the sale of jewelry items made of precious metals and precious and semi-precious gems?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: _____Signature: _____ Date: _____

COMMERCIAL RESIDENTIAL ZONING DISTRICT
SUPPLEMENTAL QUESTIONNAIRE

Business Name:_____ Address:_____

This questionnaire must be completed by all applicants who wish to open a business in the **Commercial Residential Zoning District.** This Zoning District includes the following addresses:

Bee Street: 328 – 404
Bridgeway: 1001 & 1103 – 1623 (west side only)
Caledonia Street: 30 – 519
Johnson Street: 317 – 330
Locust Street: 327 – 406
Napa Street: 403
Pine Street: 323 – 403
Turney Street: 329 – 406

Is the business located in the Commercial Residential Zoning District?
If YES, check here _____ and complete this questionnaire and sign at the bottom.
If NO, check here _____ sign and at the bottom of this questionnaire.

	Yes	No
Are you requesting an Occupational Use Permit to expand or relocate an existing business in Sausalito by moving from one tenant space to another, either within the same building or to different building? **If YES**, please complete the following: Location and square footage of **Existing** tenant space:_____ Location and square footage of **New** tenant space:_____		
Will your business primarily engage in the sale of original works of art?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: _____Signature: _____ Date: _____