

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: ___ _____ HOME TELEPHONE: _____ FAX: ____ BUSINESS TELEPHONE: ___ 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, 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: TOTAL ON-SITE PARKING SPACES: ____ NUMBER OF PARKING SPACES FOR THIS BUSINESS: NAME OF PRIOR TENANT FOR THIS SPACE: ___ TYPE OF USE: _

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PROPERTY OWNER OR PROPERTY MANAGER CERTIFICATION:

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PRINT:		SIGNATURE:		DATE:	DATE:	
CITY	STAFF ONLY					
DATE R	ECEIVED:	RECEIVED BY:	FEE:	RECEIPT NO:		
ZONING	DISTRICT:					
PER ZO	NING ORDINANCE SEC	CTION USE CLASSIFIED AS:				
IS CENT	RAL COMMERICAL DIS	STRICT SUPPLEMENTAL QUESTION	IAIRE COMPLETED (IF APPLICABLE	E)?: YES	NO	N/A
IF LOCA	TED IN THE CENTRAL	COMMERICAL ZONING DISTRICT, IS	THE USE "VISTOR SERVING?:	YES	NO	
IS FORM	MULA RETAIL SUPPLEM	MENTAL QUESTIONNAIRE COMPLET	ED?	YES	NO	
IS THE	JSE FORMULA RETAIL	PER SECTION 10.44.240?:		YES	NO	
IF A FO	RMULA RETAIL USE, HA	AS A CONDITIONAL USE PERMIT BE	EN GRANTED TO ALLOW THE USE?	YES	NO	
IS THE	JSE IN COMPLIANCE V	VITH MARINSHIP SPECIFIC PLAN? (IF	APPLICABLE):	YES	NO	N/A
ADDITIO	DNAL CONDITIONS / RE	EGULATIONS:				
		D FOR NO MORE THAN:				
(AIV AIVI	ENDED OCCUPATIONA	IL USE PERMIT IS REQUIRED FOR C	HANGE IN SQUARE FOOTAGE)			
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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 t accurate to the best of my knowledge.	his question	naire are
Print Name:Signature:	_ Date:	

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CENTRAL COMMERCIAL ZONING DISTRICT SUPPLEMENTAL QUESTIONNAIRE

Business Name: Address	SS:	
This questionnaire must be completed by all applicants who wish to Zoning District. This Zoning District includes all properties address 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 If NO, check here sign and at the bottom of this questionnaire.	ne bottom.	
Describe in detail the nature of your proposed business, all services of products to be sold. Attach additional sheet(s) as necessary.	fered, and/or any type of mercha	andise or food
	Yes	No
Are you requesting an Occupational Use Permit to expand or relocate ar business in Sausalito by moving from one tenant space to another, eithe building or to different building? If YES , please complete the following:	n existing er within the same	
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 of famous personalities? Examples of such apparel include jackets, sweats and/or tee-shirts with a logo representing Sausalito or San Francisco.		
Will your business include automated merchandising machines? Examp machines include vending machines, electronic game machines, and phonon process.		
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 include any combination of the following: balloons, curios, novel souvenirs, or any items bearing local place names?		
Will your business be considered a "greeting card store"? If so, please litems you will offer?	ist the inventory of	
Will your business sell copies of art work or art objects, such as paint sculpture, glass, etc.?	ings, graphic arts,	
Will your business primarily engage in the sale of original art objects?		

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	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 accurate to the best of my knowledge.	this question	naire are
Print Name:Signature:	Date:	

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COMMERCIAL RESIDENTIAL ZONING DISTRICT SUPPLEMENTAL QUESTIONNAIRE

Business Name:		Address:		
This questionnaire must be com Zoning District. This Zoning D		who wish to open a business in thing addresses:	e Commercial	Residentia
Bee Street: 328 - 404		Locust Street: 327 – 406		
Bridgeway: 1001 & 1103 – 1623	(west side only)	Napa Street: 403		
Caledonia Street: 30 – 519		Pine Street: 323 – 403		
Johnson Street: 317 – 330		Turney Street: 329 – 406		
Is the business located in the If YES, check here and c If NO, check here sign ar	omplete this questionnaire	e and sign at the bottom.		
			Yes	No
Are you requesting an Occupation business in Sausalito by moving building or to different building?	from one tenant space to	another, either within the same		
Location and square footage of	Existing tenant space:			
Location and square footage of	New tenant space:			
Will your business primarily eng	age in the sale of original	works of art?		
I certify, under the penalty of pe accurate to the best of my know		ation, and responses contained ir	this questionr	aire are
Print Name:	Signature	:	Date:	