



APPLICATION FOR ZONING USE CERTIFICATE

Instructions: Please answer the following questions as completely and legibly as possible. **Please provide a copy of the lease/rental agreement which shows the square footage being leased.** Also provide a dimensioned drawing if lease does not show square footage. 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. _____ Fax No. / E-Mail _____

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): _____
No. of Workers on site: _____
No. of Seats For Patrons: _____

New Business: ☐ Yes ☐ No
First Time Business in Glendale: ☐ Yes ☐ No
Outdoor Storage ☐ Yes ☐ No
Alcoholic Beverage Sales: ☐ Yes ☐ No

9. Are You Sharing Space (Subleasing)? ☐ 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 OF 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

Signature _____ ID/Driver's Lic.: _____ Date: _____

Signature must be of the applicant listed on item no. 4. 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 Community Planning Director may extend the period of the certificate application.

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

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Verified Address with lease		Verified Square Footage with Lease		Denial Letter	OK to Issue By:	