



# PLANNING & DEVELOPMENT

Land Use Planning, 1947 Center Street, Berkeley, CA 94704  
Tel: 510.981.7410 TDD: 510.981.6903 Fax: 510.981.7420 Email:  
[Planning@CityofBerkeley.info](mailto:Planning@CityofBerkeley.info)

DATE STAMP HERE

## ZONING USE QUESTIONNAIRE

Property Address \_\_\_\_\_ Permit # \_\_\_\_\_

Applicant Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Property Owner (if different from applicant) \_\_\_\_\_ Phone # \_\_\_\_\_

Proposed Use \_\_\_\_\_ Previous Use \_\_\_\_\_

Describe your business: \_\_\_\_\_

Does your business include the sale of: Drug Paraphernalia?  Tobacco?  Alcohol  Medical Marijuana?

What are adjacent uses (sides and rear?) \_\_\_\_\_

Is this an existing building? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, has a Change of Occupancy Inspection been made by the Building and Safety Division?

Yes \_\_\_\_\_ No \_\_\_\_\_

What changes will be made to the building? \_\_\_\_\_

List days and hours of operation: Monday - Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_  
Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Is the transaction contingent on obtaining a Use Permit? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

How many employees will you have (including yourself)? Total \_\_\_\_\_ Per Shift \_\_\_\_\_

How many customers do you expect at one time? \_\_\_\_\_ When will be your busiest hours? \_\_\_\_\_

Is there an existing parking lot? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you share it with any other use? \_\_\_\_\_

Will you provide parking for customers? Yes \_\_\_\_\_ No \_\_\_\_\_ How many spaces? \_\_\_\_\_

Will you provide parking for employees? Yes \_\_\_\_\_ No \_\_\_\_\_ How many spaces? \_\_\_\_\_

Will parking be on the same property? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, explain: \_\_\_\_\_

From what area do you expect the majority of your customers:

Immediate neighborhood \_\_\_\_\_ Several neighborhoods \_\_\_\_\_ Passing Traffic \_\_\_\_\_ City-wide \_\_\_\_\_ Larger area \_\_\_\_\_

Will you be selling any alcoholic beverages for off-site consumption? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, have you applied for an off-sale license from the State Department of Alcoholic Beverage Control? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you be selling beverages in containers subject to California Redemption Value (CRV)? Yes \_\_\_\_\_ No \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE: \_\_\_\_\_

**ESTABLISHMENTS SERVING FOOD OR DRINK**

Proposed seating (#) \_\_\_\_\_ Maximum allowable capacity under Building Code (#) \_\_\_\_\_

What type of cooking will you feature? \_\_\_\_\_

How will cooking odors be controlled? \_\_\_\_\_

What arrangement will be made for recycling? \_\_\_\_\_

**Alcoholic Beverages**

Will you serve beer? \_\_\_\_\_ Wine? \_\_\_\_\_ Liquor? \_\_\_\_\_

With meals only? \_\_\_\_\_ Separately? \_\_\_\_\_ At a bar? \_\_\_\_\_

Have you applied for a license from Department of Alcoholic Beverage Control? Yes \_\_\_\_\_ No \_\_\_\_\_

**Music**

Will you provide live entertainment? Yes \_\_\_\_\_ No \_\_\_\_\_ Of what type? \_\_\_\_\_

Will there be live music? \_\_\_\_\_ Recorded? \_\_\_\_\_ Amplified at what level? \_\_\_\_\_

Will sound control be provided? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the assurances that sound control will be adequate? \_\_\_\_\_

When will sound controls be installed? \_\_\_\_\_

Who is responsible for assuring that the business operates as described above?

[PRINT NAME] \_\_\_\_\_

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