



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@ci.berkeley.ca.us

USE PERMIT TRANSFER APPLICATION

Address: _____ Suite/Unit #: _____

Applicant Name: _____ Phone #: _____

Business Name: _____ Previous business at this location: _____

Describe products/services provided: _____

Has the owner authorized this transfer? Yes No Lease area (sq. ft.): _____

Do you intend to: increase/reduce lease area? Yes No install a new sign? Yes No

Hours of Operation: Mon–Thu _____ Friday _____ Saturday _____ Sunday _____

Does the business have off-street parking? Yes No If yes, how many spaces? _____

Location of parking: Same property Other location (describe): _____

Will you sell alcoholic beverages? Yes No If yes, list ABC license type: _____

Will you sell tobacco products? Yes No Does the business involve marijuana? Yes No

Will you offer live entertainment or music? Yes No If yes, describe: _____

BUSINESSES SERVING FOOD & DRINK ONLY:

Number of seats: _____ Busiest days/times: _____

Describe smoke and odor controls: _____

Alcohol served (check all that apply): Beer Wine Liquor

Only with meals Separate from meals At a bar

Under penalties of perjury, I certify that the above information is true and complete to the best of my knowledge, and that I have read and understood, and agree to follow, the approved Use Permit for this business.

Applicant signature _____ Date _____

*Property owner signature _____ Date _____

(*Required when hours, alcohol, entertainment, etc. are reduced from last approval.)

– STAFF USE ONLY –

Address in HTE No expansion of hours/alcohol PD notified of alcohol UP conditions given to applicant

Attachments: Floor plan Site plan Statement Other _____

District: _____ Approved by: _____ Date: _____ UP#: _____

Comments: _____

