



# PLANNING & DEVELOPMENT

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## 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: \_\_\_\_\_

