



# PLANNING & DEVELOPMENT

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Effective July 2020

## ZONING CERTIFICATE APPLICATION

ZCBL20\_\_\_\_ - \_\_\_\_\_ :  Business License Application ZCPT20\_\_\_\_ - \_\_\_\_\_ :  (A)UP Transfer  
ZCMS20\_\_\_\_ - \_\_\_\_\_ :  Miscellaneous

### BUSINESS INFORMATION:

Business Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Business name (if known): \_\_\_\_\_

### APPLICANT INFORMATION:

Name (Print): \_\_\_\_\_ Phone#: \_\_\_\_\_  Mobile  Business

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

### GENERAL INFORMATION:

Describe products/services to be provided: \_\_\_\_\_

\_\_\_\_\_ Size of lease area: \_\_\_\_\_ sq. ft.

Hours of Operation: Mon–Thu \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

### PARKING AND SIGNS: Will you . . .

1. Provide off-street parking?  No  Yes If yes, how many spaces? \_\_\_\_\_

If yes, Location of parking:  Same property  Other location (address): \_\_\_\_\_

2. Install a new sign?  No  Yes **If yes, note that a sign permit is required.**

### ACTIVITIES AND SERVICES: Will you . . .

1. Sell alcoholic beverages?  No  Yes (retail, wholesale)  Yes (for on-site consumption)

If yes, list ABC license type (s): \_\_\_\_\_

2. Sell tobacco (incl. electronic) products?  No  Yes

3. Use medical cannabis in your business?  No  Yes

4. Provide live entertainment or music?  No  Yes (Not amplified)  Yes (amplified)

If yes, describe: \_\_\_\_\_

5. Provide any personal or medical services that require State Certification(s) for your employees?

(examples: massage therapy; cosmetologist; beautician)  No  Yes

If yes, identify certification(s) \_\_\_\_\_ # of certified employees: \_\_\_\_\_

6. Serve food or drink?  No  Yes (no seating)  Yes (with seating). Size of seating area (sq. feet): \_\_\_\_\_

7. Provide Temporary Outdoor Use in response to locally declared state of emergency related to COVID-19?  No  Yes

**If yes, please fill out supplemental information on page 2 and provide Property Owner signature below.**

**Under penalties of perjury, I certify that the above information is true and complete to the best of my knowledge.**

Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

\*Property owner signature \_\_\_\_\_ Date \_\_\_\_\_

(\* Required for changes of use or reduction of hours, alcohol, entertainment, etc. **OR** Temporary Outdoor Use)

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Business Address: \_\_\_\_\_ Suite/Unit #: \_\_\_\_\_

## TEMPORARY OUTDOOR<sup>1</sup> USES – Supplemental Questions

*(If you wish to have temporary outdoor activity, you must complete this section)*

1. Hours of Operation: Mon–Thu \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_
2. Location Information - Will the temporary fixtures and structures, and/or activity be located wholly on private property at the address listed on the business license, the City Right of Way, or neighboring private property?
 

<input type="checkbox"/> Private Property (at the address listed on the business license – Requires owner signature)	<input type="checkbox"/> City Right of Way (requires a separate permit from PW)	<input type="checkbox"/> Other Private Property* (Must have permission from neighboring property owner)
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3. Have you submitted a Site Plan showing the location of the temporary fixtures and structures, a business description, and an operational plan, as required for temporary outdoor uses under BMC Section 23E.18.040.E?  No  Yes

\*Address of Other Off-Site Property \_\_\_\_\_

\*Other Property owner name \_\_\_\_\_

\*Other Property owner signature \_\_\_\_\_ Date \_\_\_\_\_

### – STAFF USE ONLY –

1. Complies with quota/node?  No  Not Applicable  Yes (If Yes, update list)
2. Uses (as listed in Zoning Ordinance (.030 section):  
 Proposed (or current): \_\_\_\_\_ Previous (if known) \_\_\_\_\_
3. Non-conforming use?  No  Yes (no expansion)  Yes (with expansion)
4. Allowed w/ most recently approved ZC, AUP, UP or Variance?  No  Yes Permit # \_\_\_\_\_
5. **For West Berkeley:** (M, MM, MU-R, MU-LI): Changing use of protected  No  Yes (Warehouse-based non-store retail)  
 Yes: (Art/Craft Studio)  Yes: (Contractor)
6. **For West Berkeley** (MU-LI, MM Only): Establishing R&D Use?  Yes  No :
7. Attachments:  Floor plan  Site plan  Statement  Other \_\_\_\_\_

<b>Staff Action:</b>	<input type="checkbox"/> Approved (Continuing legal use)	\$0
	<input type="checkbox"/> Approved (New Use or Temporary Outdoor Use – Meets Zoning)	\$200
	<input type="checkbox"/> Denied (New Use – Requires AUP/UP)	\$0
	<input type="checkbox"/> Denied (Prohibited Use)	\$0
	<input type="checkbox"/> Denied (Insufficient Information)	\$0
	<input type="checkbox"/> Taken in for review	\$0

Action by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

<sup>1</sup> Berkeley City Council adopted Berkeley Municipal Code (BMC) Chapter 23E.18 – Temporary Outdoor Uses on Private Property on July 7, 2020. Per the regulation, “Temporary Outdoor Uses would be required to operate in compliance with State and County regulations, such as alcohol and food safety requirements, in addition to conforming to the operating standards set forth in the new ordinance, which are based on existing regulations. Operating standards are intended to ensure basic safety measures are in place and that neighboring businesses and residents are not unduly impacted by outdoor uses. Non-compliance with operating standards could result in a modification or revocation of the approval.”