



PLANNING & DEVELOPMENT

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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 _____