



PLANNING & DEVELOPMENT

Land Use Planning, 1947 Center Street, Berkeley, CA 94704

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Effective March 2017

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): _____

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.)

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Suite/Unit #: _____

- 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 _____

Staff Action:	<input type="checkbox"/> Approved (Continuing legal use)	\$0
	<input type="checkbox"/> Approved (New 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: _____
