



# CITY OF LOS ALAMITOS ZONING PERMIT/CERTIFICATE APPLICATION

Development Services Department  
3191 Katella Ave., Los Alamitos, CA 90720-5600  
Phone: (562) 431-3538 Fax: (562) 493-0678

\$332.00 Zoning Permit Fee

**TO BE COMPLETED  
PRIOR TO  
BUSINESS LICENSE  
APPLICATION**

*In accordance with LAMC 17.58.010, a zoning permit is used by the staff to verify that a proposed structure or land use activity complies with the list of allowed activities allowed in the applicable zoning district, the development standards applicable to each type of use, and any conditions of approval of permits previously issued for the subject site. **APPROVAL DOES NOT ESTABLISH A BUSINESS LICENSE.***

## APPLICANT INFORMATION

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BUSINESS INFORMATION

Business Name: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_ Lease area (sq. ft.): \_\_\_\_\_

Previous Business at this location: \_\_\_\_\_

Hours of Operation: Mon.-Thurs.: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Describe products/services provided in detail: \_\_\_\_\_

You can view the Los Alamitos Municipal Code by visiting City Hall or online at [www.cityoflosalamitos.org](http://www.cityoflosalamitos.org)

- Yes  No Does your business require a State and/or County License? If yes, what type?: \_\_\_\_\_
- Yes  No Has the property owner authorized this business?
- Yes  No Do you intend to increase or reduce the square feet? *If yes, will require a building permit.*
- Yes  No Do you intend to modify the floor plan? *If yes, will require a building permit.*
- Yes  No Do you plan to install a new sign? *If yes, will require a sign permit.*
- Yes  No Does the business have on-site parking? How many spaces are assigned to you? \_\_\_\_\_
- Yes  No Will you sell alcoholic beverages? If yes, list ABC license type: \_\_\_\_\_
- Yes  No Do you plan to sell second-hand, consignment, and/or pawn items? *If yes, will require a Second-Hand Dealer's/Pawnbrokers permit and a Conditional Use Permit.*
- Yes  No Does the business involve the sale or use of marijuana?
- Yes  No Does the business involve body adornment, tattoo, massage, acupressure, or any related fields? *(Circle One)*
- Yes  No Will there be live entertainment or music? If yes, please describe: \_\_\_\_\_
- Yes  No Is the proposed business a restaurant? If yes, how many seats? \_\_\_\_\_
- Yes  No Will the business include a drive-thru?
- Yes  No Is the proposed business a school? If yes, how many students? \_\_\_\_\_
- Yes  No Is this a home based business?

\*\*\*\*\* **A site plan, sign permit form, and DBA are required to be submitted with this application** \*\*\*\*\*

**CERTIFICATION OF APPLICANT:** Under penalties of perjury, I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested license or revocation of issued license.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

PD NOTIFIED OF ALCOHOL  Yes  N/A

DATE RECEIVED: \_\_\_\_\_

NON-CONFORMING USE  Yes  No

DENIED  APPROVED

COMMENTS: \_\_\_\_\_

Planner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_