



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

**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

- 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: _____