**BUSINESS NAME**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **LOCATION QUESTIONNAIRE REQUIRED** |
| The Location Questionnaire is required for all Businesses located within the City of San Clemente. The Location Questionnaire includes questions on your business activities and needs to help the regulatory departments assess if your business may be approved for the location indicated.  Please upload the completed Location Questionnaire to your online Business License Application. Upon receipt of all required information, a License Specialist will accept the Business License application and your first year license tax and processing fees will be assessed. Once payment is received, the application will be subject to review by regulatory  departments and agencies which may take between 1-5 weeks.  If you have questions on completing the questionnaire or to request alternative filing instructions, you may request an Appointment by phone or email as listed above. |

|  |  |
| --- | --- |
| **INSPECTIONS REQUIRED** | |
| A commercial business must be inspected and approved by the designated code enforcement agencies before a business license certificate will be issued. Operating a business without your San Clemente Business Certificate prominently displayed is illegal and can result in a civil/criminal action.  An inspection may be scheduled by the City or other regulatory agencies. You do not need to initiate your inspection(s). | |
| City of San Clemente Building Department  Orange County Fire Authority  **For Food Handling Only**:  Orange County Health Care Agency | (949) 361-6100  (714) 573-6133  (714) 433-6000 |

|  |
| --- |
| **ACKNOWLEDGMENT TO BE COMPLETED BY OWNER(S) OR PRINCIPAL OFFICER(S)** |
| I understand that before I can operate my business in San Clemente, the establishment must comply with all applicable City departmental laws and regulations completely and must receive all necessary Federal, State and local permits.  I also understand that a Business Tax Certificate issued pursuant to the provisions of San Clemente Municipal Code Title 5 - Business Licenses and Regulations, constitutes a receipt for the business tax paid and shall have no other legal effect.  **A Business Tax Certificate is a requirement, not a permit, to conduct, manage or carry on any business activity in the City. I declare that I am authorized to complete this application and that the information and statements provided are true and correct.** |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ Print Name/Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LOCATION QUESTIONNAIRE (All fields must be filled in. If one field does not apply, write “N/A”)** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Business Name: | |  | | | | | | | | | | | | | | | | | |  |
| Site Address: | |  | | | | | | | | | | | | | | | | | |  |
| Business Activity: | |  | | | | | | | | | | | | | | | | | |  |
| *i.e. retail, wholesale, office, medical office, restaurant, manufacturing, assembly, etc.* | | | | | | | | | | | | | | | | | | | | |
|  | Hours of operation: | |  | | | | | | | | Number of employees: | | | | | | |  | |  |
|  | Types of vehicles involved with business: | | | | | |  | | | | | | | | | | | | |  |
|  | *i.e. auto, trailer, oversized, etc.* | | | | | | | | | | | | | | | | | | | |
|  | Number of company vehicles involved with business: | | | | | | | |  | | | |  | | | | | | | |
| Zoning designation of subject property: | | | |  | | | | | | | | | | | | | | | |  |
| *i.e. NC1, NC2, etc.) (Contact Planning Division for this information at 949-361-6197.)* | | | | | | | | | | | | | | | | | | | | |
|  | Does this zone require a Use Permit for your business? | | | | | | | | | | | | | |  | Yes |  | | No |  |
|  | *If yes or unsure, contact Planning Division at 949-361-6197.* | | | | | | | | | | | | | | | | | | | |
|  | Are you located in a multi-unit building? | | | | | | | | | | | | | |  | Yes |  | | No |  |
| What was the previous business in your building? | | | | | |  | | | | | | | | | | | | | | |
| *(Contact leasing agent or property owner for this information.)* | | | | | | | | | | | | | | | | | | | | |
| What is the Square Footage of the Tenant Space? | | | | |  | | | | | | | sqft | | | | | | | | |
| Number of off-street parking spaces required for your business: | | | | | | | | | |  | | | |  | | | | | | |
| *(Contact Planning Division at 949-361-6197 for this information.)* | | | | | | | | | | | | | | | | | | | | |
| Number of parking spaces provided on-site: | | | | |  | | |  | | | | | | | | | | | | |
| Have you applied for an Administrative Sign Permit? | | | | | | | | | | | | | | |  | Yes |  | | No |  |
| *(Contact Planning Division at 949-361-6197 for more information on signs.)* | | | | | | | | | | | | | | | | | | | | |
| Will you be using a Temporary Banner? | | | | | | | | | | | | | | |  | Yes |  | | No |  |
| *(Contact Planning Division at 949-361-6100 for more information on banners* | | | | | | | | | | | | | | | | | | | | |
| Do you plan any tenant improvements for this building? | | | | | | | | | | | | | | |  | Yes |  | | No |  |
| *If yes, Building Permits are required. Excluding interior paint and carpet.* | | | | | | | | | | | | | | | | | | | | |
| *(Contact Building Division at 949-361-6100 for more information.)* | | | | | | | | | | | | | | | | | | | | |
| Do you plan any exterior modifications to the building? | | | | | | | | | | | | | | |  | Yes |  | | No |  |
| *i.e. paint, roof equipment, awnings, window replacement, etc* | | | | | | | | | | | | | | | | | | | | |
| *(Contact Planning Division at 949-361-6197 for more information.)* | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |