This Zoning Information Form is required for all new businesses or existing businesses that are relocating to a new location in El Cerrito. The purpose of this process is to certify that the proposed business activities are in compliance with the City of El Cerrito’s Zoning Ordinance (Title 19, ECMC).

Acceptance of this form is required before the Finance Department can issue a Business License.

Name of Business: ____________________________________________________________

Business Address: __________________________________________________________________________

Applicant's Name: __________________________________________________________________________

Applicant's Mailing Address: __________________________________________________________________

Applicant's Phone: __________________________________________________________________________

Property Owner's Name: _______________________________________________________________________

Property Owner's Mailing Address: __________________________________________________________________

Property Owner's Phone: _______________________________________________________________________

Floor area of building or tenant space that business will occupy: __________ sq. ft.

Description of business activities (attach separate sheet if necessary):
__________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Type of Business:</th>
<th>Office</th>
<th>Personal Service</th>
<th>Industrial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail</td>
<td>Lodging</td>
<td>Utility</td>
</tr>
<tr>
<td></td>
<td>Food Service</td>
<td>School</td>
<td>Other __________</td>
</tr>
<tr>
<td>Number of Employees:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Will the business be conducted in a dwelling?  □ Yes □ No
2. Will the business require new or modified signs?  □ Yes □ No
3. Will the business require exterior changes to the building?  □ Yes □ No
4. Will the business include the storage or use of hazardous materials (e.g., explosive, flammable, or volatile liquids)?  □ Yes □ No
5. Will any aspect of the business be conducted outside of the building (e.g., sales, storage, seating)?  □ Yes □ No
6. Will the business include sale of alcohol?  □ Yes □ No
7. Will the business include sale of tobacco-related products? (e.g., cigarettes, e-cigarettes, cigars, pipes, hookah)?  □ Yes □ No
8. Will the business include sale of medical marijuana?  □ Yes □ No
9. Will the business include the sale of adult merchandise (as defined by El Cerrito Municipal Code Section 19.20.023)?  □ Yes □ No
10. Will the business include live entertainment (e.g., live bands, karaoke)?  □ Yes □ No

I certify that my answers to the foregoing questions are accurate and correct and that the business described above will operate as described on this form.

Signature: ___________________________  Date: ____________________
Planning Department Staff Use

Zoning district: ______________________

Use classification of proposed business: ________________________________

Proposed use is:

☐ Permitted
☐ Permitted subject to limitations: ______________________________________

☐ Conditionally permitted with AUP
☐ Conditionally permitted with CUP
☐ Prohibited

Or:

☐ There is an existing conditional use permit for this use
☐ The use is existing legal nonconforming and may be continued, consistent with the regulations of Chapter 19.27 of the Zoning Ordinance.

Notes:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Staff signature: ________________________________

Date: ____________________