CITY OF COTATI
ZONING CERTIFICATE APPLICATION
FOR BUSINESS LICENSE APPLICATIONS and USE PERMIT TRANSFERS

Address:_____Suite/Unit #:_____

Applicant Name:_____Phone #:_____

Business Name:_____Previous business at this location:_____

Date previous business vacated this location:_____

Describe products/services provided:_____
(attach additional sheet if needed)

Has the property owner authorized this business? ❑ Yes ❑ No Lease area (sq. ft.):_____

Do you intend to: increase/decrease lease area? ❑ Yes ❑ No Install or modify sign? ❑ Yes ❑ No

Hours of Operation: Mon-Thu_____ Friday_____ Saturday_____ Sunday_____

Does the business have off-street parking? ❑ Yes ❑ No If yes, how many spaces?_____

Location of parking: ❑ Same property ❑ Other location (describe & provide documentation):_____
_____

Will you sell alcoholic beverages? ❑ Yes ❑ No If yes, list ABC license type: _____

Will you offer live entertainment or music? ❑ Yes ❑ No If yes, describe:_____

Will you have outdoor display or storage? ❑ Yes ❑ No Will you have outdoor dining? ❑ Yes ❑ No

Does the business involve marijuana? ❑ Yes ❑ No Will you sell tobacco products? ❑ Yes ❑ No

Is this business a medical marijuana dispensary as defined in Municipal Code Chapter 8.24 ❑ Yes ❑ No

Is this business a formula based fast food as defined in the Land Use Code §17.42.071 ❑ Yes ❑ No

Is this business a massage therapy use? If so, please attach certificate. ❑ Yes ❑ No

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FOR USE PERMIT TRANSFERS ONLY:

Have you read your Conditions of Approval? ❑ Yes ❑ No

Under penalties of perjury, I certify that the above information is true and complete to the best of my knowledge.

If this use requires a use permit: I have read, understand and agree to follow the approved Use Permit & Conditions of Approval for this business.

Applicant signature:_____Date:_____

Property owner signature:_____Date:_____

-STAFF USE ONLY-

❑ Non-conforming use (no expansion) ❑ UP COA's given to applicant
Attachments: ❑ Floor plan ❑ Site Plan ❑ Statement ❑ Other_____
Zoning:_____ Approved by:_____ Date:_____

Comments:_____