



City of Delano Business License Questionnaire

Business Name: _____ Associated Permit Number: _____

Business Address (include Unit/Suite #): _____

Contact Name: _____ Phone: _____

Email: _____ Fax: _____

Fully describe/explain the nature of the business below in the space provided and then answer each question listed below.

Yes No

1. Will the building be used for education, instruction, daycare, worship, or dining? If yes, how many square feet will you be using? _____ What is the maximum number of people anticipated at any given time?

2. Will the business operation include selling or serving alcoholic beverages? If yes, what type of ABC license? _____ What is the size in square feet of the seating area? _____
3. Is this a home business? If Yes, you must apply for a Home Occupation Permit from the Planning Department.
4. Will the business operation include the sales or serving of tobacco products? If yes, what is the tobacco resale number? _____ What type of tobacco products will be sold? _____
5. Will your business sell, distribute, or cultivate medical marijuana? _____ **(Business Owner Initials)**
6. Will the business operation include any work, use, or storage conducted outside of a wholly enclosed building? If yes, explain _____
7. Will the business operation include the preparation of food or beverages?
8. Will this business change the occupancy of the building or space being used? Example: Change from office to a retail use. If yes, please explain:
9. Will the business operation include discharging any waste, waste water, or rinse water to the ground, street, or storm drain?
10. Will the business operation include washing of any equipment or vehicles?
11. Will the business operation include the repair or maintenance of motor vehicles?
12. Will the business operation include motor vehicle fuel dispensing including gasoline, diesel, compressed natural gas, liquefied natural gas, liquefied petroleum gas (propane), or hydrogen gas?
13. Will the business operation include any use, processing, handling, storage, or discharge of chemicals, including hazardous chemicals and solvents?
14. Will the business generate any hazardous waste or e-waste at this site?
15. Will the business operation include sanding, cutting, or shaping of wood, metal, plastic, or other products producing combustible dust or fibers?
16. Will the business operation include manufacturing?

17. BUILDING OWNER/PROPERTY MANAGEMENT COMPANY INFORMATION

Building Owner Property Management Company

Name _____

Address _____ City and Zip _____

Telephone contact _____

Approval of the Business License Application does not alleviate the business owner from obtaining the required building permits for previously unpermitted construction or any proposed improvement.