



Application for Business within a Business BOP Waiver

DO NOT WRITE HERE - FOR OFFICE USE ONLY

Accepted by Staff: _____ Date: _____

BOP#: _____ ; License No. _____

License active: Yes No

APN: _____ Zone: _____ CMC: _____

Alteration/Intensification/Conversion: Yes No

Zoning Clearance: Yes No, due to _____

Staff: _____; Date: _____

Notes : _____

A business occupancy permit (BOP) is required for the use of property. However, businesses and/or individuals that are part of (and secondary and accessory to) an existing legally established primary use may apply under the BOP granted to the primary use. Please submit this form to the Development Services Department, with a fee of \$150, so that the proposed use may be reviewed as an accessory use to a valid BOP.

PRIMARY (EXISTING) BUSINESS/USE **Business License No.:** _____

Property Address: _____ Unit No. _____

Business/ Property Name _____ Business/Use Description (e.g. hair salon, office, etc) _____

I hereby certify that I am the owner or authorized representative of the existing use/business stated above which has been granted a business occupancy permit (BOP).

Signature _____ Date _____ E-mail Address _____

Print Name _____ Title (if company) _____ Phone Number _____

Mailing Address _____ City, State _____ Zip Code _____ Fax Number _____

ACCESSORY/SECONDARY (PROPOSED) BUSINESS/USE

CHECK ONE: Cosmetologist Swap Meet Massage Vending Other

Business Name _____ Business/Use Description (e.g. hair salon, medical, etc) _____

No. of employees: _____ Tenant Area (sq ft) : _____ Any outdoor activities? : Yes No

I hereby certify that I am the owner/operator of the proposed use/business stated above.

Signature _____ Date _____ E-mail Address _____

Print Name _____ Title (if company) _____ Phone Number _____

Mailing Address _____ City, State _____ Zip Code _____ Fax Number _____