



**PALMDALE**  
a place to call home

<b>City Use Only</b>
Occupancy Review No.: _____

**OCCUPANCY REVIEW FORM**

Please complete all sections. Please print legibly. If you have any questions completing this form, please contact the Planning Division at (661) 267-5200.

**Business Information**

Name of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Suite/Unit Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Detailed Description of Business: \_\_\_\_\_

New business: Yes  / No  If 'no', please explain request for change below:

Square footage of building/suite: \_\_\_\_\_ Number of parking spaces available: \_\_\_\_\_

Prior use of building/suite: \_\_\_\_\_ Is parking paved & striped? Yes  / No

Is this an existing alcohol sales use: Yes  / No

Is this a new alcohol sales use: Yes  / No  (Please complete Page 3)

**Property Owner/Leasing Manager Authorization**      Owner:     Agent:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Business Permit Information</b> – please indicate if any of the following products or services are being provided by your business					
<input type="checkbox"/>	Adult Merchandise	<input type="checkbox"/>	Gun Dealer	<input type="checkbox"/>	Private Patrol
<input type="checkbox"/>	Ambulance	<input type="checkbox"/>	Health Club	<input type="checkbox"/>	Skateboard Center
<input type="checkbox"/>	Billiards	<input type="checkbox"/>	House/Street Numbering	<input type="checkbox"/>	Skating Rink
<input type="checkbox"/>	Carnivals/Concessions	<input type="checkbox"/>	Hypnotist	<input type="checkbox"/>	Swap Meet
<input type="checkbox"/>	Dancing	<input type="checkbox"/>	Locksmith	<input type="checkbox"/>	Taxicab
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Massage	<input type="checkbox"/>	Tobacco/Smoking Products
<input type="checkbox"/>	Escort Bureau	<input type="checkbox"/>	Motion Picture Theater	<input type="checkbox"/>	Tow Truck
<input type="checkbox"/>	Fortunetelling	<input type="checkbox"/>	Pawnbroker	<input type="checkbox"/>	
<input type="checkbox"/>	Game Arcades	<input type="checkbox"/>	Buying or selling Secondhand Goods	<input type="checkbox"/>	

**Business Operational Information** – please check either Yes (Y) or No (N) for each question.

	Y	N
Will any portion of the use be conducted outside of an enclosed building?		
Does the use involve any public assembly?		
Are any building alterations or additions proposed?		
Does the use involve:		
Welding or open flame operation?		
Flammable liquids (storage, handling, etc.)?		
Dust producing operation (woodworking, etc.)?		
Plastic (storage, handling, use)?		
Compressed Gas (storage, handling, use)?		
High Piled Combustible Storage (over 8')?		
Tire Storage (over 6')?		
Vehicle repair or maintenance facilities?		
Storage of vehicles?		
Outdoor storage of equipment or materials?		

Provide an explanation for any "Yes" answers: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information above is true and accurate to the best of my knowledge

\_\_\_\_\_

Business Owner Name (Please Print)

\_\_\_\_\_

Business Owner Signature \_\_\_\_\_

Date



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**Alcohol Sales**

If your business involves on-sale or off-sale sales of alcoholic beverages, please complete the following information, pursuant to City of Palmdale Ordinance No. 1262. A Conditional Use Permit may be required in conjunction with a request for alcohol sales. Contact the City of Palmdale Planning Division (661) 267-5200 for a copy of the Ordinance, or for further information regarding the sale of alcoholic beverages.

Is this an existing alcohol sales use?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Is this a new alcohol sales use?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Do you currently have an ABC license?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
License Type: _____	License Number: _____
Date issued: _____	

What is the gross floor area designated for alcohol sales (include sale, display, storage, bar, seating, dance floor, and billiards area)? \_\_\_\_\_

If alcohol sales are proposed as part of this business use, the following documents are required to be submitted with the Occupancy Review:

- An interior floor plan of the proposed establishment drawn to scale, indicating the total gross floor area of the establishment and the percentage of floor area devoted to alcohol sales.
- A vicinity map showing any of the sensitive uses within a 1,000-foot radius of the property on which the proposed use is to be located.

I certify that the information above is true and accurate to the best of my knowledge	
_____ Business Owner Signature	_____ Date

