PLACER COUNTY INTER-DEPARTMENT COMMERCIAL BUSINESS LICENSE QUESTIONNAIRE

WELCOME TO PLACER COUNTY

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APPLICANT NAME:	

BUSINESS NAME AND ADDRESS:							
AS	SSE	SSOR PARCEL NUMBER:					
1)	In	In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Placer County, providing details of business activities. Please write legible, being very specific in your description. You may attach additional pages if					
	bu						
	wr						
	ne	eded					
2) Are you within 2 miles of an airport? Yes No							
3)	W	What are the average number and daily maximum number of:					
	a)	Employees you plan to have on site? Average # of Employees Maximum # of Employees					
	b)	Client/customers daily on site? Average # of Clients/Cust Maximum # of Clients/Cust					
4)	State the amount of square feet of floor area required for the businessSq. feet						
5)	W	ill commercial vehicles be required for your business? Yes No If yes, please list.					
	a)	Vehicle type?					
	b)	How many vehicles?					
	c)	Does the vehicle exceed 1 ton carrying capacity? Yes No					
	d)	Address of storage location when not in use					
5)	Ar	e you a new owner of an existing business? Yes No					
7)	Ar	e you an existing owner of an existing business that is relocating? Yes No If yes,					
	a)	What was the street address, city and state of the previous					
		location?					
	b)	State the name of the business at the previous location if different on this					
		application					
8)	Ar	e you the first tenant in a new building? Yes No					
9) Are you a new tenant in an existing building? Yes No If yes, what type of business are you							
	rep	placing? (i.e. retail clothing store)					
10		hat was the name of the previous business if different on this application?					
		you are operating in an office/warehouse or retail warehouse, what percentage of the floor area will the					
		rehouse portion occupy?%.					

Signature of Applicant	Date		
I understand that the questions completed in their entirety. I unresult in the delay, denial, or re County Code Section 5.08.200 (nderstand that any evocation of this "C	missing or mis	leading information may
<u> </u>	me of material/waste	Quantity amount	
A hazardous material/waste includes, be paints, paint thinner used oil, welding gand solids, explosives, and industrial clumaterial/waste, provide the name of the feet, or gallons.	gases, poisons, water re leaners. If you or your	ds, gasoline, propar eactive chemicals, f business will be ha	ertilizers, flammable liquid's ndling or storing hazardous
19) Does the business involve any food liquor product name.	I or liquor products? Yo	es No If	yes, provide the type of food or
18) What are the days and hours of ope			
17) What is the property's water source Water Public Treated Water (0			•
15) What type of sewage disposal system 16) Would anything other than normal Yes No If yes, please ex	domestic wastewater b	e entering the septi	c or public sewer system?
explain.			O C., D. 1C ,
14) Are you a sub-tenant of an existing			6e
c) List all modifications to the bui	llding structure perform	ned or proposed.	
b) What is the permit number?			
a) Do you or the building owner h			No
structural changes? Yes No _		_	ii, neuting/un conditioning of
b) What amount will be displayed13) Are any modifications planned for			
a) What type of product?			
12) Will there be any outdoor storage of		-	