



# ALBANY CALIFORNIA

## BUSINESS LICENSE ZONING CLEARANCE FORM

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

Business Address: \_\_\_\_\_

What kind of business are you proposing? \_\_\_\_\_

\_\_\_\_\_

What was the prior use of the property (if known)? \_\_\_\_\_

\_\_\_\_\_

What is the maximum number of employees and owners/partners who will be on the site?

A) At any one time \_\_\_\_\_ B) Total \_\_\_\_\_

Estimated number of clients/customers per day? \_\_\_\_\_

What are the proposed hours of operation? \_\_\_\_\_

How many off-street parking spaces does the site have? \_\_\_\_\_

Square footage of building intended for proposed use? \_\_\_\_\_

- o **Massage technicians:** Please attach photocopy of CAMTC State License.
- o **Tattoo artists:** Please attach photocopy of Alameda County Environmental Health Registration

*If necessary, please use the back to more fully explain your answers.*

Please sign below indicating that you have included all of the above information correctly and completely and understand that your application will not be processed until all of the information is included.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Phone**

For office use only: The above use as described IS consistent with the Albany Municipal Code

\_\_\_\_\_  
Community Development Representative

\_\_\_\_\_  
Date

Conditions of Approval: \_\_\_\_\_

State or County Registration/Certification/License  Required  Provided