



# OCCUPATIONAL USE PERMIT APPLICATION

CITY OF SAUSALITO | COMMUNITY DEVELOPMENT DEPARTMENT  
420 LITHO STREET | SAUSALITO CA 94965 | (415) 289-4128 | FAX (415) 339-2256

**FEES:**  
**\$84 within**  
**Marinship Specific**  
**Plan Area**

**\$56 Elsewhere**

**\$84 Zoning Permit**  
**required for Home**  
**Occupations**

**Instructions: This application must be filed with the Community Development Department when a business is established in a new location or tenant space, or when an existing business changes its location or changes the square footage of its floor area or land area. Attach additional sheets as needed.**

## PART 1 – TO BE COMPLETED BY BUSINESS OWNER

BUSINESS ADDRESS: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_ HOME TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

GROSS FLOOR AREA OF BUSINESS: \_\_\_\_\_ SQ. FT.

IS THIS A SUBLEASE? \_\_\_\_ NO \_\_\_\_ YES IF SO, FROM WHAT BUSINESS? \_\_\_\_\_

AMOUNT OF FLOOR AREA DEVOTED TO VARIOUS ACTIVITIES (i.e., retail, dining, food preparation, office, manufacturing, storage, shipping, etc.): \_\_\_\_\_

**HOME BUSINESSES ONLY:** NUMBER OF RENTAL ROOMS: \_\_\_\_\_ NUMBER OF OFF-STREET PARKING SPACES: \_\_\_\_\_

NUMBER OF DWELLING UNITS ON PROPERTY: \_\_\_\_\_

**ALL OTHER BUSINESSES:** OFF-STREET PARKING SPACES (ON SITE): \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

NUMBER OF SEATS (RESTAURANT/BAR/THEATER): \_\_\_\_\_ INDOOR \_\_\_\_\_ OUTDOOR (RESTAURANT ONLY)

CHAIRS (HAIR/NAIL/BARBER SALONS): \_\_\_\_\_ RENTAL ROOMS (HOTELS): \_\_\_\_\_ MARINA BERTHS: \_\_\_\_\_

**ALL BUSINESSES:** DESCRIBE ANY SPECIAL CONDITIONS (e.g., hazardous substances, noisy or vibrating tools/machines, smoke, dust, glare, etc.). \_\_\_\_\_

## BUSINESS OWNER CERTIFICATION

NAME OF OWNER (PRINT): \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED IN PART 1 OF THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PART 2 – TO BE COMPLETED BY PROPERTY OWNER OR PROPERTY MANAGER

PROPERTY OWNER (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**HOME BUSINESSES ONLY:** GROSS FLOOR AREA OF BUSINESS SPACE: \_\_\_\_\_ SQ. FT.

**ALL OTHER BUSINESSES:** PARCEL AREA: \_\_\_\_\_ SQ. FT. GROSS FLOOR AREA OF STRUCTURE(S): \_\_\_\_\_ SQ. FT.

GROSS SQ. FT. OF FLOOR AREA LEASED TO THIS BUSINESS: \_\_\_\_\_ SQ. FT.

TOTAL ON-SITE PARKING SPACES: \_\_\_\_\_ NUMBER OF PARKING SPACES FOR THIS BUSINESS: \_\_\_\_\_

NAME OF PRIOR TENANT FOR THIS SPACE: \_\_\_\_\_

TYPE OF USE: \_\_\_\_\_

# OCCUPATIONAL USE PERMIT APPLICATION

Page 2 of 6

## PROPERTY OWNER OR PROPERTY MANAGER CERTIFICATION

I CERTIFY, UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED IN PART 2 OF THIS APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE:

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## CITY STAFF ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ FEE: \_\_\_\_\_ RECEIPT NO: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_

PER ZONING ORDINANCE SECTION USE CLASSIFIED AS: \_\_\_\_\_

IS A CONDITIONAL USE PERMIT (CUP) REQUIRED FOR THE USE?	YES	NO	
IF YES, HAS A CUP BEEN GRANTED AND IS IT STILL VALID?	YES	NO	N/A
IS CENTRAL COMMERCIAL DISTRICT SUPPLEMENTAL QUESTIONNAIRE COMPLETED (IF APPLICABLE)?	YES	NO	N/A
IF LOCATED IN THE CENTRAL COMMERCIAL ZONING DISTRICT, IS THE USE "VISTOR SERVING"?	YES	NO	
IS FORMULA RETAIL SUPPLEMENTAL QUESTIONNAIRE COMPLETED?	YES	NO	N/A
IS THIS A FORMULA RETAIL USE (PER SECTION 10.44.240)?	YES	NO	
IF YES, HAS A CUP BEEN GRANTED AND IS IT STILL VALID?	YES	NO	
IS THE USE IN COMPLIANCE WITH MARINSHIP SPECIFIC PLAN? (IF APPLICABLE)	YES	NO	N/A

ADDITIONAL CONDITIONS / REGULATIONS: \_\_\_\_\_

SQUARE FOOTAGE APPROVED FOR NO MORE THAN: \_\_\_\_\_  
(AN AMENDED OCCUPATIONAL USE PERMIT IS REQUIRED FOR CHANGE IN SQUARE FOOTAGE)

REQUIRED PARKING RATIO FOR USE(S): \_\_\_\_\_

IF EATING ESTABLISHMENT, MAXIMUM NUMBER OF SEATS ALLOWED: \_\_\_\_\_

- \* APPLICANT MUST MEET ALL REQUIREMENTS OF THE MARIN COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH WITH REGARD TO FOOD PREPARATION.
- \* NO PUBLIC "TAKE-OUT" OF FOOD OR BEVERAGES SERVICE IS PERMISSIBLE.

## DETERMINATION BY COMMUNITY DEVELOPMENT DEPARTMENT:

\_\_\_\_\_ APPROVED      \_\_\_\_\_ APPROVED WITH FOLLOWING CONDITIONS: \_\_\_\_\_

\_\_\_\_\_ DENIED FOR FOLLOWING REASON(S): \_\_\_\_\_

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please refer to the Planning Division Fee Schedule for the Occupancy Permit fee amount.

In order to open a new business, a Business License is needed in addition to an Occupational Use Permit. After obtaining an Occupational Use Permit, the business owner needs to contact HDL Support Services 888-602-0239 to apply for a Sausalito Business License. Business License Application can be applied online <https://sausalito.hdlgov.com/> or contact [Support@Hdl.gov](mailto:Support@Hdl.gov)

# OCCUPATIONAL USE PERMIT APPLICATION

Page 3 of 6

## FORMULA RETAIL SUPPLEMENTAL QUESTIONNAIRE

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

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

	Yes	No
Does the business include a retail sales activity?		
Does the business have multiple locations? If YES, how many locations does the business have? _____ Provide the name and addresses of the other locations. _____ _____ _____ _____		
Does the business have, use, offer, or maintain a standardized array of services and/or merchandise?		
Does the business have, use, or maintain a standardized name, trademark, logo, service mark, symbol and/or sign?		
Does the business have, use, or maintain a similar décor, architecture, and/or layout?		
Do the employees wear a uniform or standardized clothing?		
Does the business have, use, offer, or maintain any other standardized feature(s)?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OCCUPATIONAL USE PERMIT APPLICATION

Page 4 of 6

## CENTRAL COMMERCIAL ZONING DISTRICT SUPPLEMENTAL QUESTIONNAIRE

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

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

This questionnaire must be completed by all applicants who wish to open a business in the **Central Commercial Zoning District**. **This Zoning District includes all properties addressed from 539 Bridgeway to 885 Bridgeway; from 2 Princess Street to 52 Princess Street; and on El Portal.**

### Is the business located in the Central Commercial Zoning District?

If YES, check here \_\_\_\_\_ and complete this questionnaire and sign at the bottom.

If NO, check here \_\_\_\_\_ sign and at the bottom of this questionnaire.

Describe in detail the nature of your proposed business, all services offered, and/or any type of merchandise or food products to be sold. Attach additional sheet(s) as necessary.

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	Yes	No
Are you requesting an Occupational Use Permit to expand or relocate an existing business in Sausalito by moving from one tenant space to another, either within the same building or to different building? <b>If YES</b> , please complete the following:  Location and square footage of <b>Existing</b> tenant space: _____  Location and square footage of <b>New</b> tenant space: _____		
Will your business sell apparel which bears place names or the names or likenesses of famous personalities? Examples of such apparel include jackets, sweatshirts, caps, and/or tee-shirts with a logo representing Sausalito or San Francisco.		
Will your business include automated merchandising machines? Examples of such machines include vending machines, electronic game machines, and photo booths.		
Will your business sell camera equipment, photo supplies, and/or photo finishing?		
Will your business offer sales of gift and novelty items and/or souvenir items which may include any combination of the following: balloons, curios, novelties, post cards, souvenirs, or any items bearing local place names?		
Will your business be considered a "greeting card store"? If so, please list the inventory of items you will offer?		
Will your business sell copies of art work or art objects, such as paintings, graphic arts, sculpture, glass, etc.?		
Will your business primarily engage in the sale of original art objects?		

# OCCUPATIONAL USE PERMIT APPLICATION

	Yes	No
Will your business offer free memberships or allow customers to pay by the hour to utilize a particular service? If YES, please mark if your business offers any of the following services: Health Club ___      Health Spa ___      Turkish Bath ___      Steam Bath ___ Massage Parlor ___      Other/Similar (Describe): _____		
Will your business offer any of the following specialty services? Astrology ___      Palm Reading ___      Phrenology ___      Fortune Telling ___ Tattoos ___      Other/Similar (Describe): _____		
Will your business offer wax imitations of famous personalities, animals, and/or events for viewing by the public?		
Will your business offer candy or frozen dessert products such as ice cream, frozen yogurt, smoothies, freezes, ices, gelato, and/or frozen custards?		
Will your business offer the sale of costume jewelry?		
Will your business offer the sale of jewelry items made of precious metals and precious and semi-precious gems?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OCCUPATIONAL USE PERMIT APPLICATION

Page 6 of 6

## COMMERCIAL RESIDENTIAL ZONING DISTRICT SUPPLEMENTAL QUESTIONNAIRE

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

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

This questionnaire must be completed by all applicants who wish to open a business in the **Commercial Residential Zoning District**. This Zoning District includes the following addresses:

Bee Street: 328 – 404

Bridgeway: 1001 & 1103 – 1623 (west side only)

Caledonia Street: 30 – 519

Johnson Street: 317 – 330

Locust Street: 327 – 406

Napa Street: 403

Pine Street: 323 – 403

Turney Street: 329 – 406

### Is the business located in the Commercial Residential Zoning District?

If YES, check here \_\_\_\_\_ and complete this questionnaire and sign at the bottom.

If NO, check here \_\_\_\_\_ sign and at the bottom of this questionnaire.

	Yes	No
Are you requesting an Occupational Use Permit to expand or relocate an existing business in Sausalito by moving from one tenant space to another, either within the same building or to different building? <b>If YES</b> , please complete the following:  Location and square footage of <b>Existing</b> tenant space: _____  Location and square footage of <b>New</b> tenant space: _____		
Will your business primarily engage in the sale of original works of art?		

I certify, under the penalty of perjury, that the facts, information, and responses contained in this questionnaire are accurate to the best of my knowledge.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**City of Sausalito**  
Credit Card Authorization Form

Card Type: \_\_\_\_\_ Visa  \_\_\_\_\_ MasterCard  \_\_\_\_\_ American Express 

Card Holder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Card Expiration Date \_\_\_\_\_ CVV2\* \_\_\_\_\_ (3-digit number on back of card)

Billing Address of Card Holder \_\_\_\_\_

Telephone #: \_\_\_\_\_ Billing Zip Code of Card Holder \_\_\_\_\_

Amount of Payment \$ \_\_\_\_\_

*I hereby authorize the City of Sausalito to utilize the credit card listed above for payment for City services.*

**Authorized Signature** \_\_\_\_\_ **Date** \_\_\_\_\_