



# OCCUPATIONAL USE PERMIT APPLICATION

City of Sausalito | Community Development Department  
420 Litho Street | Sausalito, CA 94965 | (415) 289-4128 | [cdd@sausalito.gov](mailto:cdd@sausalito.gov)

An Occupational Use Permit is required whenever 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. An Occupational Use Permit is required prior to the issuance of a [City of Sausalito Business License](#). Additional information may be required depending on the proposed scope of business. Acceptance of an Occupational Use Permit Application does not constitute any indication of approval. Permits required by other agencies must be obtained in accordance with the respective agency's regulations.

## **SECTION 1 – PROPOSED SCOPE OF BUSINESS**

All fields are required. If a field does not apply to your proposed business, respond as N/A. Submit additional information, as necessary.

PERMIT TYPE (CHECK 1 BOX)	<b>Marinship:</b> Select this permit type if your business is located within the <a href="#">Marinship Overlay Zone</a> . <b>Home Occupation:</b> Select this permit type if your business is located within a <a href="#">residential dwelling</a> . <b>Standard:</b> Select this permit type if your business is not subject to the other two permit types.  <input type="checkbox"/> <b>Marinship</b> <input type="checkbox"/> <b>Home Occupation</b> <input type="checkbox"/> <b>Standard</b>
BUSINESS ADDRESS (INCLUDE SUITE NUMBER)	
BUSINESS NAME	
BUSINESS DESCRIPTION  DESCRIBE THE NATURE OF YOUR PROPOSED BUSINESS, ALL SERVICES OFFERED, AND/OR ANY TYPE OF MERCHANDISE OR FOOD PRODUCTS TO BE SOLD. IDENTIFY THE AMOUNT OF FLOOR AREA (SQ. FT.) DEVOTED TO VARIOUS ACTIVITIES.	

TOTAL BUSINESS FLOOR AREA (SQ. FT.)	
DOES THIS BUSINESS HAVE MULTIPLE LOCATIONS?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
PRIOR BUSINESS TENANT	
IS THIS A SUBLEASE? (CHECK 1 BOX)	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
IF SUBLEASE, FROM WHAT BUSINESS	
OFF-STREET PARKING SPACES (ON SITE)	
NUMBER OF INDOOR SEATS (RESTAURANT/BAR/THEATER)	
NUMBER OF OUTDOOR SEATS (RESTAURANT/BAR/THEATER)	
CHAIRS (HAIR/NAIL/BARBER SALONS)	
HOTEL ROOMS	
MARINA BERTHS	
SPECIAL CONDITIONS (E.G. HAZARDOUS SUBSTANCES, NOISY TOOLS, FUMES, ODORS, SMOKE, ETC.)	
IS THIS A "HOME OCCUPATION" AS DEFINED BY THE SAUSALITO MUNICIPAL CODE? (CHECK 1 BOX)	Review <a href="#">Sausalito Municipal Code</a> section 10.44.030 to determine if your business is potentially considered a "Home Occupation" use. Your response selection in this field is a certification that you have reviewed the applicable information and, if the Occupational Use Permit is approved, will operate the business in compliance with the Sausalito Municipal Code. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
IS THIS A "FORMULA RETAIL" USE AS DEFINED BY THE SAUSALITO MUNICIPAL CODE? (CHECK 1 BOX)	Review <a href="#">Sausalito Municipal Code</a> section 10.44.240 to determine if your business is potentially considered a "Formula Retail" use. Your response selection in this field is a certification that you have reviewed the applicable information and, if the Occupational Use Permit is approved, will operate the business in compliance with the Sausalito Municipal Code. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Maybe</b>
IS THIS A "VISITOR SERVING" USE AS DEFINED BY THE SAUSALITO MUNICIPAL CODE? (CHECK 1 BOX)	Review <a href="#">Sausalito Municipal Code</a> section 10.44.230 to determine if your business is potentially considered a "Visitor Serving" use. Your response selection in this field is a certification that you have reviewed the applicable information and, if the Occupational Use Permit is approved, will operate the business in compliance with the Sausalito Municipal Code. <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Maybe</b>

**SECTION 2 – APPLICANT (BUSINESS OWNER) CERTIFICATION**

I, THE APPLICANT (BUSINESS OWNER), CERTIFY UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED WITHIN THIS OCCUPATIONAL USE PERMIT APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE.

COMPANY NAME	
PRINTED NAME	
SIGNATURE	
DATE (MM-DD-YY)	
PHONE NUMBER	
EMAIL	
MAILING ADDRESS	

**SECTION 3 – OWNER CERTIFICATION**

I, THE PROPERTY OWNER OR PROPERTY MANAGER, CERTIFY UNDER PENALTY OF PERJURY, THAT THE FACTS AND INFORMATION CONTAINED WITHIN THIS OCCUPATIONAL USE PERMIT APPLICATION ARE ACCURATE TO THE BEST OF MY KNOWLEDGE. THE APPLICANT DESIGNATED IN THIS OCCUPATIONAL USE PERMIT APPLICATION IS AUTHORIZED TO SUBMIT THIS APPLICATION TO THE CITY OF SAUSALITO.

COMPANY NAME	
PRINTED NAME	
SIGNATURE	
DATE (MM-DD-YY)	
PHONE NUMBER	
EMAIL	
MAILING ADDRESS	