



## REGULATORY PERMIT APPLICATION

PLANNING SERVICES DIVISION

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### SUBMITTAL REQUIREMENTS CHECKLIST

#### INTRODUCTION

The purpose of the regulatory permit is to provide for Planning Director review of applications relating to entertainment and smoking lounges to ensure that they meet the intent of the Zoning Code and General Plan. These are permits that do not require review by the Planning Commission or other hearing body.

#### PROCEDURES

Applications will be processed according to the Regulatory Permits Processing Schedule listed on the last page of this application. The Planning Director will make a decision on the request within ten business days of receipt. This decision will be final and effective ten (10) days following the date of the decision unless an appeal is filed within that time. A letter will be provided to the applicant describing the decision and any conditions of approval applicable to the project.

#### APPEALS

Anyone dissatisfied with the decision of the Planning Director may file an appeal. When an appeal is filed, the Administrative Permit will be scheduled for a hearing in front of the City Employee Hearing Officer. All appeals shall be made in writing and filed with the Planning Department within ten (10) days of the decision of the Planning Director. The appeal must be submitted to the Planning Department with payment of an applicable appeal fee and should clearly identify the appellant(s), shall specify the decision appealed and the reasons for appeal.

#### OFFICE USE ONLY – TO BE COMPLETED BY PLANNER

Initial Contact: \_\_\_\_\_ Intake Plnr: \_\_\_\_\_ Assigned Plnr: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Filing Deadline: \_\_\_\_\_ Decision Due: \_\_\_\_\_

Decision (see permit): \_\_\_\_\_

**Submittal Requirements:**

The following minimum information and materials required for the processing of Regulatory Permits. All plans and materials must be **folded** and be able to fit in a standard 8 ½ x 11 inch folder. Plans need to be drawn to scale and have one of the following minimum dimensions: 11" x 17", 18" x 24", 15" x 21", 24" x 36", or 30" x 42". If you have obtained this application through our website, please contact a planner at 714-765-5139 to confirm applicability of the submittal items.

**ENTERTAINMENT AND SMOKING LOUNGE**

- 1. REGULATORY PERMIT APPLICATION Form.
- 2. Fee- Payment amount identified in the Planning and Zoning Fee Schedule.
- 3. Submit one copy of a scaled site plan which addresses the following:
  - Parking areas with calculation
  - Distance of subject tenant space to property lines
  - Any outdoor seating areas (must comply with A.M.C. Section 18.38.260.020)
  - Parking calculation (Smoking Lounges require 17 parking spaces per 1,000 s.f. of GFA plus 29/1000 s.f. of dance floor; please see A.M.C. Section 18.42.040.010 for all other uses) [SMOKING LOUNGES ONLY]
  - Identify any designated outdoor smoking area.
- 4. Submit one copy of a scaled floor plan which addresses the following:
  - Location of Entertainment Area and dance floor (if any) including size, based upon square feet
  - Show all exits, tables, seats, bars and provide dimensions of all aisles.
  - Provide approved occupant load number and location of the required occupant load sign. Proposed and existing occupancy.
  - Indicate compliance with Fire Department specifications for Smoking Lounges.\*
- 5. Copy of Alcoholic Beverage License with the Conditions of Approval (for establishments who sell and serve alcoholic beverages).
- 6. Submit a noise and security plan for the control of pedestrian and vehicular traffic and prevention of unlawful and disruptive conduct of employees or patrons within the building and outside areas.
- 7. [Employee and Business Operator Information Sheet](#)\*
- 8. [Entertainment Description](#)\*
- 9. CD-ROM/DVD: 1 copy - must contain PDF or JPEG format digital copies of all submitted plans, photographs and photograph of the colors and applications in minimum 300 D.P.I. (dots per square inch) format. Plans shall be provided in full size.
- 10. Read applicable code requirements provided under Section 18.16.060 (Entertainment) and Section 18.16.080 (Smoking Lounge).

**WHOLESALE AUTOMOTIVE SALES AGENCY OFFICE**

- 1. REGULATORY PERMIT APPLICATION Form.
- 2. FEE - Payment amount identified in the Planning and Zoning Fee Schedule.
- 3. SITE PLAN – 1 copy
- 4. FLOOR PLAN – 1 copy
- 3. LETTER OF OPERATION – Submit a typed letter describing the business operation, hours of operation, number of employees, and the location of off-site inventory.
- 4. Read applicable code requirements provided under Section 18.38.065 (Automotive-Sales Agency Office).

***\* Refer to supplemental sheet for additional information.***

## **APPENDIX A**

### **REQUIREMENTS FOR SITE AND FLOOR PLANS**

#### **SITE PLAN REQUIREMENTS:**

1. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
2. Name, address, telephone number, and license/registration number of engineer, surveyor, or person responsible for preparation of the plan
3. Name, address and telephone number of applicant.
4. Vicinity map and address of project site and associated buildings.
5. Location of all property lines and easements, including type and dimension.
6. Table summary of acreage, gross square footage, number of units (if applicable), type of construction, allowable floor area versus provided floor area, occupancies and parking spaces required and provided. Only required for new construction.
7. Parking tabulation/analysis that includes the following:
  - a. Tenant addresses and/or unit identification of all units on the property.
  - b. Tenant use and square footage (area) of each tenant space of all units on the property.
  - c. Parking spaces provided and required.
  - d. Existing and proposed handicap spaces and path of travel for accessibility.
8. Dimensions including:
  - a. Required building setback lines.
  - b. Distance between all buildings.
  - c. Distance from structures to property lines.
  - d. Distance to nearest street intersection centerline including names and widths of all adjacent streets
9. Location and use of all existing and proposed structures, landscape areas (include total area of square footages for existing and proposed), parking spaces (total number and dimensions), fences, lighting, trash enclosures, outdoor dining areas, service areas, utility/emergency vehicle access and turn-around areas, passenger drop-off and bus lay-by areas, freestanding signs, etc.).
10. Access and circulation for pedestrians and vehicles, including service areas and location and width of existing driveways on adjacent properties and across street. Show truck and vehicle turning templates as appropriate.

#### **FLOOR PLANS REQUIREMENTS:**

1. Name, address and phone number of applicant.
2. North arrow (orientation of project site should show true north pointing up), scale of drawing (EXAMPLE: 1/4 inch = 1 foot), title block and date of preparation.
3. Address of project.
4. Floor plans must include dimensions and purposes of uses for all spaces within floor plan (i.e. dance floor, dining area, kitchen, office, storage, etc.).
5. Existing and proposed occupancy.

# REGULATORY PERMIT APPLICATION FORM

CIT OF ANAHEIM – PLANNING AND BUILDING DEPARTMENT

## APPLICATION TYPE – check appropriate permits requested:

Entertainment       Smoking Lounge       Other: \_\_\_\_\_

## BUSINESS INFORMATION:

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

Business Address or Location:

City	State	Zip
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Business Phone:	Fax Number:	E-Mail Address:
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Mailing Address:

City	State	Zip
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## APPLICANT (BUSINESS OWNER) INFORMATION (the individual or entity financially responsible for the project):

Applicant Name:	Company Name:
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Alias or Maiden Name:	
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Phone No:	Fax No:	E-mail Address:
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Address:	City:	Zip Code:
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Place of Birth	Date of Birth:	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Age:	Height:	Weight:	Hair Color:	Eye Color:
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Driver's License No.	State	Social Security No.:	Other Licenses Held	State
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I hereby certify under the penalty of perjury that the information given is true and correct. I understand that providing false information or withholding information, including any criminal record, is grounds for denial or revocation of my permit and may subject me to criminal prosecution. I do hereby authorize the City of Anaheim, its agents and employees to seek verification of the information contained on this application and to conduct inspections to determine that the provisions of Chapter 18.16 or other applicable laws are met. I further understand that I may not conduct the activity applied for until a permit has been granted, and that a copy of the City Ordinances regulating Massage, Smoking Lounge and Entertainment Premises is available to me in the City Clerk's Office or over the Internet at [www.anaheim.net](http://www.anaheim.net) (Chapter 18.16 of the Anaheim Municipal Code).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

## CODE COMPLIANCE (for Entertainment, Smoking Lounge, and Amusement Devices Permits only)

I have received and reviewed the code requirements for  Entertainment  Smoking Lounge  Wholesale Sales Agency Office and I understand that I am responsible for adhering to those regulations.

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

**CORPORATION, L.L.C. OR PARTNERSHIPS ONLY****Name of Responsible Managing Officer of Corporation, L.L.C. or Partnership:**

Attach copy of Certificate of Limited Partnership, Articles of Organization (L.L.C.) or Articles of Incorporation.

**Is this a Corporation, L.L. C. or a Partnership?**  Corporation  L.L.C.  Partnership**Name of the Corp., L.L.C., or Partnership** (as shown in above documents):

<b>State of Registration</b>	<b>Registration Number</b>	<b>Date of Registration</b>
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If a Corporation, include the names and addresses of each Officer, Director and each Stockholder holding more than five (5) percent of the stock in the Corporation. If a Partnership or LLC, include the names, residence addresses & dates of birth of each of the partners, including limited partners or members.

<b>1 Name</b>	<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (if Partnership)</b>	
<b>2 Name</b>	<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (if Partnership)</b>	
<b>3 Name</b>	<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (if Partnership)</b>	
<b>4 Name</b>	<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (if Partnership)</b>	
<b>5 Name</b>	<b>Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date of Birth (if Partnership)</b>	

Have any Applicants, Owners, Operators, Officers, Directors, or Stockholders holding five (5) percent or more of the stock in the Corporation or L.L.C., or any Partners or limited Partners of the Partnership been convicted of a crime?  Yes  No

If yes, provide individual's name, describe offense, where, and date of offense below.

**AGENT INFORMATION (IF APPLICABLE):**

<b>Applicant Name:</b>		<b>Company Name:</b>	<b>Relationship to Applicant:</b>
<b>Phone No:</b>	<b>Fax No:</b>	<b>E-mail Address:</b>	
<b>Address:</b>		<b>City:</b>	<b>Zip Code:</b>

*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. The applicant name should match the DTF Setup Form and is the person financially responsible for the payment of fees associated with this request.*

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

**PROPERTY OWNER INFORMATION:**

Property Owner:

Company Name:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:

*I have read and understand the obligations regarding the filing and processing of the attached application. Further, the information submitted as part of this application, including maps, plans, drawings, statements and answers contained herein, are in all respects true and correct. I HEREBY CERTIFY that I am the legal property owner of record or his/her authorized representative and acknowledge and authorize the person(s) named above as applicant and agent to represent me and bind me in all matters concerning this Application for Administrative Permit. I approve of the action requested.*

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

**RESPONSIBLE EMPLOYEE FOR MASSAGE ESTABLISHMENTS (if not business owner):**

Applicant Name:

Company Name:

Relationship to Applicant:

Phone No:

Fax No:

E-mail Address:

Address:

City:

Zip Code:



## 2019 REGULATORY PERMIT FILING SCHEDULE

Filing Deadline	Decision By
12/24/2018	1/9/2019*
1/8/2019	1/23/2019*
1/22/2019	2/5/2019
2/5/2019	2/20/2019*
2/19/2019	3/5/2019
3/5/2019	3/19/2019
3/19/2019	4/2/2019
4/2/2019	4/16/2019
4/16/2019	4/30/2019
4/30/2019	5/14/2019
5/14/2019	5/29/2019*
5/28/2019	6/11/2019
6/11/2019	6/25/2019
6/25/2019	7/10/2019*
7/9/2019	7/23/2019
7/23/2019	8/6/2019
8/6/2019	8/20/2019
8/20/2019	9/4/2019*
9/3/2019	9/17/2019
9/17/2019	10/1/2019
10/1/2019	10/15/2019
10/15/2019	10/29/2019
10/29/2019	11/13/2019*
11/12/2019	11/26/2019
11/26/2019	12/12/2019*
12/10/2019	12/24/2019
12/24/2019	1/9/2020*

*\*Due date adjusted for holidays*

### Fee Schedule

[Refer to the Planning & Zoning Fee Schedule](#)