Business License Supplemental Questionnaire

This form must be submitted with the Business License application to assist in the zoning determination of your proposed business. The Community Development Department reviews all business license applications to ensure that the proposed use is consistent with the established zoning regulations and policies of Gardena. Please check with us prior to signing a lease or committing your business to a certain location to determine if your use is permitted in that zone, and what additional permits or documentation may be required prior to the issuance of a business license.

Business Name (DBA)	Phone No.
Business Address	Suite No.
Business Owner's Name	Phone No.

1. Check one of the following categories that applies to your business?

- ☐ Adult-oriented business
- ☐ Auto body/repair
- ☐ Auto sales
- ☐ Beauty salon
- ☐ Business office
- ☐ Church
- ☐ Day care facility
- ☐ Food/liquor market
- ☐ Group care facility
- ☐ Health club/day spa
- ☐ Hotel/motel
- ☐ Manufacturing/R & D
- ☐ Massage establishment
- ☐ Medical/dental office
- ☐ Restaurant
- ☐ Retail sales
- ☐ Self-storage
- ☐ Service
- ☐ Vocational school
- ☐ Warehouse
- ☐ Wholesale
- ☐ Other:

2. Will tobacco products and/or tobacco paraphernalia be sold? ☐ Yes ☐ No
3. Will alcohol be served or sold? ☐ Yes ☐ No
4. Will massage services be offered? ☐ Yes ☐ No
5. Will entertainment be provided? ☐ Yes ☐ No
6. Days/Hours of operation of your business? _____ No. of employees? ____
7. Square footage leased? _____ No. on-site parking spaces? _____ Truck loading spaces? _____
8. What was the previous business of this space? _____

9. When did it close? _____
   (Please contact the leasing agent/property owner/property manager to determine prior tenant's use and date vacated)

10. Are there other businesses currently operating at this location besides your business?_____

11. Any other information you wish to provide about your business?

BURDEN OF PROOF

I have read the foregoing and understand that I HAVE THE BURDEN OF PROOF in the matter arising under the application made by me. I further understand and agree that the application may not be approved until such time that all materials required for the application have been submitted in proper and accurate form with the Community Development Department.

I further attest that the foregoing information is true and accurate to the best of my knowledge

Signature	Date