



OCCUPATIONAL USE PERMIT APPLICATION

City of Sausalito | Community Development Department
 420 Litho Street | Sausalito, CA 94965 | (415) 289-4128 | 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](#). Acceptance of an Occupational Use Permit Application must be accompanied by payment of the applicable review fee (see Section 1 Permit Type below) and does not constitute any indication of approval. Additional information may be required depending on the proposed scope of business.

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.

<p>PERMIT TYPE (CHECK 1 BOX AND SUBMIT PAYMENT OF THE APPLICABLE REVIEW FEE)</p>	<p>Marinship: Select this permit type if your business is located within the Marinship Overlay Zone. <i>Review Fee: \$85</i> Home Occupation: Select this permit type if your business is located within a residential dwelling. <i>Review Fee: \$60</i> Standard: Select this permit type if your business is not subject to the other two permit types. <i>Review Fee: \$60</i></p> <p><input type="checkbox"/> Marinship <input type="checkbox"/> Home Occupation <input type="checkbox"/> Standard</p>
<p>BUSINESS ADDRESS (INCLUDE SUITE NUMBER)</p>	
<p>BUSINESS NAME</p>	
<p>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.</p>	

TOTAL BUSINESS FLOOR AREA (SQ. FT.)	
DOES THIS BUSINESS HAVE MULTIPLE LOCATIONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRIOR BUSINESS TENANT	
IS THIS A SUBLEASE? (CHECK 1 BOX)	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Sausalito Municipal Code 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"/> Yes <input type="checkbox"/> No
IS THIS A "FORMULA RETAIL" USE AS DEFINED BY THE SAUSALITO MUNICIPAL CODE? (CHECK 1 BOX)	Review Sausalito Municipal Code 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
IS THIS A "VISITOR SERVING" USE AS DEFINED BY THE SAUSALITO MUNICIPAL CODE? (CHECK 1 BOX)	Review Sausalito Municipal Code 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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe

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	

SECTION 4 – ADVISORY NOTICE

Permits required by other agencies must be obtained in accordance with the respective agency’s regulations. *Contact the following agencies for more information early in the business planning process.*

- Community Development Department – (415) 289-4128: improvements requiring a building permit
- Southern Marin Fire Protection District – (415) 388-8182: improvements requiring a building permit
- Marin Municipal Water District – (415) 945-1400: landscaping and irrigation regulations
- Bay Conservation and Development Commission – (415) 352-3600: work on the water or in the 100-foot-wide shoreline band located immediately landward of the edge of the bay
- Marin County Environmental Health Services – (415) 473-6907 and Sewer Maintenance Division – (415) 289-4106: business activity that will provide food/drink to the public

Note: Operating a “food facility,” as defined in the California Health and Safety Code, in the County of Marin is subject to approval. A preliminary inspection is required where upgrades typically are required. Operating without a permit from Environmental Health Services may result in immediate closure of the food facility.

SECTION 5 – FOR COMPLETION BY CITY STAFF ONLY

DATE RECEIVED (MM-DD-YY)	
RECEIVED BY	
FEE	
RECEIPT NUMBER	
PROJECT NUMBER	
ZONING DISTRICT	
USE CLASSIFICATION	
REQUIRED PARKING RATIO	

PERMIT DECISION	<input type="checkbox"/> Approval <input type="checkbox"/> Denial <input type="checkbox"/> Incomplete Application
DECISION DATE (MM-DD-YY)	
PRINTED NAME	
TITLE	
SIGNATURE	
CONDITION(S) OF APPROVAL / REASON(S) FOR DENIAL	



City of Sausalito Credit Card Authorization Form

Card Type: _____  _____ 

Customer Name _____

Name on Card _____

Account Number _____

CVV2* _____ (3-digit number on back of card)

Expiration Date _____ (ex 12/10)

Billing address of card holder _____

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.

Authorized Signature _____ **Date** _____