

GARDEN GROVE

STREET NAME

9467

ADDRESS

APT. NO.

1 OF 1

CARD NO.

\*\*\*DELINQUENT NOTICE\*\*\*  
 CITY OF GARDEN GROVE  
 BUSINESS OPERATION TAX RENEWAL

05/08/86

YOUR BUSINESS OPERATION TAX CERTIFICATE EXPIRED 03/31/86 AND HAS NOT BEEN RENEWED AS OF 04/30/86. A PENALTY OF 10% OF THE COMPUTED TAX MUST NOW BE ADDED. PLEASE COMPLETE THIS FORM AND RETURN WITH PAYMENT PRIOR TO 05/31/86 TO AVOID FURTHER PENALTIES. IF NO LONGER IN BUSINESS, PLEASE SO INDICATE ON FORM AND RETURN.  
 YOUR CANCELLED CHECK DOES NOT INDICATE APPROVAL. IF APPROVED YOU WILL RECEIVE A RECEIPT. IF NOT APPROVED YOUR MONEY WILL BE REFUNDED.

OFFICE USE ONLY	
IC	125940
BC	1115
WN	
ED	03/31/86
BOOKING CLEARANCE	YES NO
BUILDING CLEARANCE	YES NO

M A  
A D  
I D  
L R  
I E  
N S  
G S

DUSKIS, ROBERT I  
 C/O 9467 GARDEN GROVE BLVD  
 GARDEN GROVE, CA 92641

VALIDATION

PAID - BUS TAX  
 MAY 28 1986  
 City of Garden Grove

IF MAILING, ADDRESS DIFFERENT, LINE OUT AND INDICATE CORRECTIONS

BUSINESS NAME (PLEASE PRINT) DUSKIS, ROBERT I		OWNER'S CLASS S	LOCAL BUSINESS START DATE 04/01/84
BUSINESS ADDRESS 9467 GARDEN GROVE BLVD	SUITE UNIT #	CITY GARDEN GROVE	STATE CA
BUSINESS DESCRIPTION ATTORNEY	STATE LICENSE PERMIT NO NA	BUS. PHONE NO 636-3450	ZIP 92641
OWNER'S NAME ROBERT I DUSKIS	MIDDLE INITIAL	HOME PHONE NO 220-1070	ZIP 92640
OWNER'S HOME ADDRESS 3931 W ORANGE AVE	SUITE UNIT # 200	CITY ANAHEIM	STATE CA

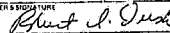
TAX COMPUTATION SECTION

GARDEN GROVE MUNICIPAL CODE SECTION 5.04.440 BUSINESS AND PROFESSIONS SHALL PAY A TAX COMPUTED AS FOLLOWS:

\$30.00 PER YEAR FOR EVERY PRINCIPAL OF THE PRACTICE OR BUSINESS WHO IS LICENSED OR OTHERWISE IS DULY QUALIFIED TO PRACTICE THE PROFESSION IN WHICH THE BUSINESS IS ENGAGED; PLUS \$3.00 PER YEAR FOR EACH ADDITIONAL EMPLOYEE. FOR PURPOSES OF THIS SECTION, A PRINCIPAL IS AN INDIVIDUAL WHO HAS AN OWNERSHIP INTEREST IN THE BUSINESS AS A STOCKHOLDER, A PARTNER, OR OWNER THEREOF. INDIVIDUALS PERFORMING WORK AT A LOCATION WHEREIN THE PRINCIPAL HAS PAID THE PRIMARY TAX REQUIRED BY THIS SECTION, SHALL BE TREATED AS AN EMPLOYEE FOR PURPOSES OF TAXING HEREIN.

ENTER NUMBER OF PROFESSIONALS	... 1 x 30.00 =	\$ 30.00
ENTER NUMBER OF EMPLOYEES	... 2 x 3.00 =	\$ 6.00
	TOTAL COMPUTED TAX	\$ 36.00
	(DELINQUENT PENALTY*) ADD 10% OF TOTAL COMPUTED TAX	\$ 3.60
	ADD 20% PENALTY* IF PAID AFTER 05/31/86	\$ 7.20
	AND AN ADDITIONAL 10% FOR EACH MONTH THEREAFTER	\$ 3.60
	TOTAL DUE	\$ 48.00

\*ASTERISKED AMOUNTS ARE DEFINED ON THE REVERSE SIDE OF THIS FORM

OWNER'S SIGNATURE  


PLEASE SIGN ABOVE AND SUBMIT THIS APPLICATION AND PAYMENT TO:

CITY OF GARDEN GROVE  
 P.O. BOX 2030, GARDEN GROVE, CA 92642  
 11291 ALCATA FERRY, GARDEN GROVE, CA 92640

FOR ASSISTANCE  
 PHONE 714/938-6641

MAY 27 1986



**PLEASE COMPLETE AND RETURN  
CITY OF GARDEN GROVE, CALIFORNIA  
WITHIN 5 DAYS. THANK YOU!**

**Office Use Only**  
 Zone C-2  
 APPROVAL  DENIAL  
 Reviewed by [Signature]  
 Other Planning Actions Required:  
 NO  YES  
 TYPE \_\_\_\_\_  
 Date 6-17-88

**THIS FORM MUST ACCOMPANY BUSINESS  
OPERATION TAX APPLICATION**

Dear Applicant:

Before your application for a Business Operation Tax Certificate can be processed, it is necessary to verify that your business will be conducted in accordance with the provisions of the Garden Grove Municipal Code. IN ORDER TO PROCESS your certificate, please answer the questions below and return the form along with your application. Thank you for your cooperation in this matter.

Please print legibly.  
 Business Address 9467 Garden Grove Blvd, C-6 Unit/Suite \_\_\_\_\_  
 Business Mailing Address 25555 CALVOY AVE, EL TORO, CA 92630  
 Business Name NEW HOME DELIVERIES  
 Owner's Home Address (No PO. Box) 25555 CALVOY AVE, EL TORO, CA 92630  
 Owner's Driver's License Number 2A1257  
 State Contractor's License Number \_\_\_\_\_ Class \_\_\_\_\_  
 Release Number 3571 2485423 Total square footage of proposed use 90

Answer all questions and check appropriate box.

Type of business:  
 Office Only  
 Retail Sales  
 Wholesale Only  
 Combination \_\_\_\_\_% Wholesale Customers 100% Retail Customers  
 Industrial/Manufacturing  
 Mailing Address Only  
 Other \_\_\_\_\_

This is a:  
 New business in Garden Grove  
 Business name change (previous name) \_\_\_\_\_  
 Address change (previous address in G.G.) \_\_\_\_\_

Describe operation in detail NUMBER OF VEHICLES, WITH OFFICES IN GARDEN GROVE  
THESE VEHICLES WILL BE USED SOLELY FOR SECRETARIAL DUTIES.

Will any work/use be conducted outside of a wholly enclosed building?  No  Yes  
 If yes, describe outside operation \_\_\_\_\_

How many people are expected during peak business hours? 0 Employees 1-2 Customers  
 How many business vehicles are used? 1 Autos \_\_\_\_\_ Trucks \_\_\_\_\_ Customers \_\_\_\_\_

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 1. Will there be any process, handling, or storage involving hazardous materials as stated in Garden Grove Municipal Code 6.32?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Will there be any welding done? <input type="checkbox"/> Acetolene <input type="checkbox"/> Arc  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Will there be spray painting?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4. Will there be use or storage of more than 5 gallons of flammable liquid of any type? (flash point below 100°F)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. Will there be cutting, shaping or sanding of wood or wood products?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. a) Will there be dining, dancing, entertainment or assemblage of persons?<br>b) Will occupant load be greater than 49 persons?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7. Will there be storage of materials exceeding 12 feet in height or tire storage over 6 feet in height?<br>Will there be repair of vehicles beyond the simple exchange of parts?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8. Has this building ever been used as a gasoline service station?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 9. Will you be selling or showing material (movies - books - video) depicting specified anatomical areas of sexual acts? (See Garden Grove Municipal Code 9216C.3 for definition)   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 10. Will you have employees or yourself modeling or entertaining for someone (customers) nude or partially nude, either at your location or being sent to other locations?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11. Will you yourself or your employees be giving massages or manipulation either at the location or after being sent to another location?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 12. Will your business have rap sessions or counseling sessions entailing sexual activity or introductory services?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 13. Will your business offer any type of service or product or entertainment which is characterized by an emphasis on matters depicting, describing, or relating to "specified" anatomical matters as stated in Garden Grove Municipal Code 9216C.3?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 14. Will your business be operating anything involving gambling, bingo, horse racing, or game of chance as stated in Garden Grove Municipal Code 8.20.010?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Will your business be involved in palm reading or fortune telling as stated in Garden Grove Municipal Code 3.65.010?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. Will an alarm system be used at the location?<br>A. When will alarm system be operable?<br>B. What type of alarm system is to be used? <input type="checkbox"/> Robbery <input type="checkbox"/> Burglary <input type="checkbox"/> Both<br>C. Is the alarm:<br><input type="checkbox"/> Supervised — Alarm company is instructed to call you prior to calling Police Department if activated.<br><input type="checkbox"/> Unsupervised — Alarm company is to call Police Department upon any activation of alarm.<br><input type="checkbox"/> Audible Alarm only — Also known as Local Alarm, no alarm company is involved. | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Alarm company name and address: (Name) \_\_\_\_\_  
 (Address) \_\_\_\_\_  
 Primary person to notify in an emergency: (Name) \_\_\_\_\_  
 (Telephone #) \_\_\_\_\_ (Address) \_\_\_\_\_

I declare under penalty of perjury that to the best of my knowledge and belief, the statements made herein are correct and true.  
 Signature Richard S. Diskin Title OWNER Date 6/15/88  
 Print Name RICHARD S. DISKIN Print Title OWNER