

## \*\* IF BUSINESS IS CONDUCTED AT A BUSINESS LOCATION, COMPLETE THIS SIDE.\*\* THIS FORM MUST ACCOMPANY BUSINESS TAX APPLICATION.

## GARDEN GROVE BUSINESS LOCATION REVIEW

OFFICE USE ONLY	APPROVED/DENIED
Other Planning Actions Required: No Yes Type: Occupancy Classification:	Zone: Reviewed by: Date:
Before your application for a Business Tax Certificate can be processed, it	

ess will be conducted in accordance with all provisions of the Garden Grove Municipal Code. In order to determine whether your business is legally permitted at the proposed location, please answer the questions below and return the form along with your application. Incomplete applications will be returned and all processing will cease. Thank you for your cooperation. Please print legibly.

BUSINESS ADDRESS:	UNIT/SUITE:	OWNER'S NAME:
BUSINESS NAME:		OWNER'S HOME ADDRESS (No P.O. Box):
BUSINESS MAILING ADDRESS:		OWNER'S HOME PHONE #:
SQUARE FOOTAGE OF PROPOSED USE:		BUSINESS PHONE #:
What is the primary Business Activity <b>at this lo</b> Office Only Retail Sales Wholesale Only Combination Wholesale% Retail Industrial/Manufacturing Mailing Address Only Other		This is a: New Business in Garden Grove Business Name Change (previous name) Ownership Change (same business) Change in Type of Business Address Change (previous address in Garden Grove)

## PLEASE DESCRIBE BUSINESS ACTIVITIES AT THIS LOCATION:

outside operation:

Ansv 1. 2. 3. 4. 5. 6. 7. 8.	<pre>ver the following questions as they apply to your business at this location? Will your operations include any process, handling or storage of hazardous materials? Will your business operation include any welding?</pre>	1. 2. 3. 4. 5. 6. 7. 8.	YES	
9.	Do your primary business activities involve dining? dining? If yes, please explain:	9.		
10.	Will there be entertainment including, but not limited to (check appropriate boxes): Live Performance (includes bands, disc jockey, karaoke) Dancing Other	10.		
11.	Will your business operation include using water for any manufacturing, processing, labs, pumping, cooling of equipment, heating and/or air conditioning, etc. or for any other industrial purpose? (Water Department Approval Required)	11.		
12. 13.	Will your business have peep show devices as defined in GGMC 5.60? Will you be selling or showing material (movies-books-video) depicting specified anatomical areas or sexual	12. 13.		
14.	acts? (See GGMC 9.08.070[B]) Will you have employees or yourself modeling or entertaining for someone (customers) nude or partially nude, either at your location or after being sent to another location?	14.		
15.	Will you or your employees be giving massages or manipulation either at the location or after being sent to another location?	15.		
16.	Will your business have rap sessions or counseling sessions entailing sexual activity or introductory dating services or escort services?	16.		
17.	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 GGMC 9.08.070(B)?	17.		
	Will your business involve gambling, bingo, horse racing or games of chance as stated in GGMC 8.20.010?	18.		
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Your Business Tax Certificate will be issued under the provisions of Garden Grove Municipal Code Chapter 5.04 et seq. You are cautioned that this Certificate does not permit business in violated with or based of the Municipal Code Sections. There will be no tax refund if you are found operating illegally after the Tax Certificate has been issued. Your business must comply with zoning and signage requirements of the Garden Grove Municipal Code. It is your responsibility to check with Planning (on your location) before filing your application for a Garden Grove Business Tax Certificate. Issuance of the Tax Certificate is not an endorsement nor certification of compliance with other ordinances or laws. I hereby certify under penalty of perjury that I have read and understand the above statement, and that the information provided above is true and correct to the best of my knowledge and ability. Dat

Signature
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Title:

Print Title:

Date:	

Print Name: Bus Location Review Form 7/18