City of Campbell - Business License Additional Questions

All fields must be completed. Put N/A if the question does not apply.

Question	Answer
1. Business Overview	
Type of Ownership	Sole Proprietorship ☐ Corporation ☐ LLC ☐ Partnership ☐ Trust ☐
Number of Employees	
Hours of Operation (e.g. 8:00am to 6:00pm)	
Note: Operational hours include hours your business is open to customers ***AND*** when employees are working on-site. Hours between 11:00pm and 6:00am are considered "late-night hours" and requires a Conditional Use Permit.	
2. Regulated Activites	
Do you sell tobacco products?	Yes ☐ No ☐
If YES, complete a separate Tobacco Retailer Permit form and bring a copy of your State Tobacco License.	
Do you sell alcohol?	Yes ☐ No ☐
Are you a used-car dealer?	Yes ☐ No ☐
Are you an Adult-Oriented business?	Yes ☐ No ☐
Does the business involve the production of cannabis?	Yes ☐ No ☐
Is this business engaged in a licensed healthcare activity and/or a licensed healthcare provider as defined by the California Department of Consumer Affairs?	Yes ☐ No ☐
California Massage Therapy Council (CAMTC) Certification:	
Contractor State License Number:	
Class:	
Expiration Date:	

3. Stormwater/NPDES Permit

Has your business obtained an Industrial NPDES Permit?	Yes ☐ No ☐
If YES, please provide applicable information about the existing Industrial Stormwater NPDES Permit below. If NO, and it is determined that your business requires such a permit, you will need to start the process of obtaining a Stormwater Industrial General Permit by contacting the State Water Resources Control Board.	
WDID#	
WDID Application #	
NONA ID#	
NEC ID#	

4. Other Permits

Are there any other permits associated with this business (existing or proposed)?	Yes ☐ No ☐
If YES, please list the permit(s):	

5. Ownership & Tenant Improvements

Is this business undergoing an ownership change at the provided business address?	Yes ☐ No ☐
Are you proposing any tenant improvements or remodeling?	Yes ☐ No ☐
Are you subdiving a tenant space?	Yes ☐ No ☐
How many stories is the building?	
If the building has more than one (1) story, does it have an elevator?	Yes ☐ No ☐
Do you have a land use/planning entitlement?	Yes ☐ No ☐
If YES, what is the file #?	

6. Hazardous Materials & Building Use

Are you storing Hazardous Materials?	Yes ☐ No ☐
What is the previous use/occupancy of the location?	
Will the building or building interior change/alter from the existing condition (excluding flooring & painting)?	Yes ☐ No ☐

Does the business involve any of the following uses/conditions/materials?		Yes ☐ No ☐
Assembly over 50 people	Day Care	Institutional Facility
Educational Facility	Dry Cleaning	Compressed Gases
High-rise Building	High-piled Storage	Industrial/Commercial Oven
Dust Producing Operations	Woodworking	Lumber yard
Spray Painting	Welding and/or cutting	Repair Garage
Tire Recapping	Auto Wrecking Yard	Service Station
Underground Tanks	Hazardous Material Storage	Explosive Agent(s)
What is the gross floor area of your tenant space (measured from exterior wall to exterior wall)?		

7. Business Operations

Please provide details on the business model and describe the operations that will take place at this location. For example, will this space be used as an office or for storage, manufacturing, etc.?

Provide the square footage allocated to each use (e.g. how much area is used for an office, storage, manufacturing, etc.).