CITY OF LAKE ELSINORE
DREAM EXTREME
COMMUNITY DEVELOPMENT
PLANNING

Commercial License Application
ZONING VERIFICATION

Before starting a business, please fill out this form to confirm your business activity meets the land use requirements of the City's Zoning Code. Please submit documents as required:

- ☐ FLOOR PLAN - Show proposed layout of business, including areas devoted to office sales, storage, seating, and other uses.
- ☐ SITE PLAN - Show readable map, including surrounding buildings, roads, and other notable features.
- ☐ PROPERTY OWNER CONSENT - If applicant is not the property owner, delegation from property owner can be provided be either a signature or the first and last page of a lease agreement. Please be advised that the business owner should also be the lease holder.

Business Name : _____

Type of Business: _____

Days & Hours of Operation: _____

Business Address: _____

Suite/ Unit No: _____

Parking Spaces: _____

Business Description:

☐ New Business ☐ Relocation ☐ Ownership Change ☐ Other

Applicant Name : _____

Applicant Phone Number: _____

Applicant Email Address: _____

Property Owner Name: _____

Property Owner Phone Number: _____

Property Owner Email Address: _____

Affidavit:
I hereby certify that I have read and understood the above; and that the information furnished is accurate true and correct.

Applicant Signature/ Date: _____

Property Owner Signature/ Date: _____

Office Use Only

APN Number: _____

Zone: _____

CUP Required: _____

Comments: _____

Planning Approval: _____

Date: _____