

**PLACER COUNTY INTER-DEPARTMENT  
COMMERCIAL BUSINESS LICENSE QUESTIONNAIRE**

*WELCOME TO PLACER COUNTY*

**APPLICANT NAME:**

**BUSINESS NAME AND ADDRESS:**

**ASSESSOR PARCEL NUMBER:**

- 1) In order to assist you in the process of your application, please give a detailed description of the type of business and equipment you will be operating in Placer County, providing details of business activities. Please write legible, being very specific in your description. You may attach additional pages if needed.
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- 2) Are you within 2 miles of an airport? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) What are the average number and daily maximum number of:
- a) Employees you plan to have on site? Average # of Employees \_\_\_\_\_ Maximum # of Employees \_\_\_\_\_
- b) Client/customers daily on site? Average # of Clients/Cust. \_\_\_\_\_ Maximum # of Clients/Cust. \_\_\_\_\_
- 4) State the amount of square feet of floor area required for the business. \_\_\_\_\_ Sq. feet
- 5) Will commercial vehicles be required for your business? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list.
- a) Vehicle type? \_\_\_\_\_
- b) How many vehicles? \_\_\_\_\_
- c) Does the vehicle exceed 1 ton carrying capacity? Yes \_\_\_\_\_ No \_\_\_\_\_
- d) Address of storage location when not in use. \_\_\_\_\_
- 6) Are you a new owner of an existing business? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Are you an existing owner of an existing business that is relocating? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,
- a) What was the street address, city and state of the previous location?
- \_\_\_\_\_
- b) State the name of the business at the previous location if different on this application.
- \_\_\_\_\_
- 8) Are you the first tenant in a new building? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Are you a new tenant in an existing building? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what type of business are you replacing? (i.e. retail clothing store) \_\_\_\_\_
- 10) What was the name of the previous business if different on this application? \_\_\_\_\_
- 11) If you are operating in an office/warehouse or retail warehouse, what percentage of the floor area will the warehouse portion occupy? \_\_\_\_\_ %.
- 12) Will there be any outdoor storage or display? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes,
- a) What type of product? \_\_\_\_\_
- b) What amount will be displayed outdoors? \_\_\_\_\_ Sq. feet of space

- 13) Are any modifications planned for the building involving plumbing\_\_\_\_, electrical\_\_\_\_, heating/air conditioning\_\_\_\_, or structural changes\_\_\_\_? Yes\_\_\_No\_\_\_If yes, check all that apply above and
- a) Do you or the building owner have a current open building permit? Yes\_\_\_\_No \_\_\_\_
- b) What is the permit number? \_\_\_\_\_
- c) List all modifications to the building structure performed or proposed.  
\_\_\_\_\_
- 14) Are you a sub-tenant of an existing business? Yes\_\_\_\_No\_\_\_\_If yes, please explain.  
\_\_\_\_\_
- 15) What type of sewage disposal system services the property? Public Sewer\_\_\_\_On Site Disposal System\_\_\_\_
- 16) Would anything other than normal domestic wastewater be entering the septic or public sewer system?  
Yes\_\_\_\_No\_\_\_\_If yes, please explain what type of substance or material it will be.  
\_\_\_\_\_
- 17) What is the property’s water source? Private Drilled Well\_\_\_\_Small Public Water System\_\_\_\_Ditch  
Water\_\_\_\_Public Treated Water (Give Water Agency Name) \_\_\_\_\_
- 18) What are the days and hours of operation of the business? \_\_\_\_\_
- 19) Does the business involve any food or liquor products? Yes\_\_\_\_No\_\_\_\_If yes, provide the type of food or  
liquor product name.  
\_\_\_\_\_
- 20) Does your business require an Industrial Stormwater Permit as identified by the Standard Industrial  
Classification (SIC) Code ([https://www.waterboards.ca.gov/water\\_issues/programs/stormwater/sic.shtml](https://www.waterboards.ca.gov/water_issues/programs/stormwater/sic.shtml))?  
Yes\_\_\_\_ No\_\_\_\_ If yes, a State Industrial General Permit must be acquired to receive a business  
license. State Permit # \_\_\_\_\_

### **Hazardous Material Questionnaire**

A hazardous material/waste includes, but is not limited to, acids, gasoline, propane, pesticides, weed killers, paints, paint thinner used oil, welding gases, poisons, water reactive chemicals, fertilizers, flammable liquid’s and solids, explosives, and industrial cleaners. If you or your business will be handling or storing hazardous material/waste, provide the name of the material/waste below. Verify the quantity amount in pounds, cubic feet, or gallons.

**Name of material/waste    Quantity amount**

\_\_\_\_\_

**I understand that the questions I have answered on this questionnaire have been completed in their entirety. I understand that any missing or misleading information may result in the delay, denial, or revocation of this “Commercial” business license per Placer County Code Section 5.08.200 (B).**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_