

COMMUNITY DEVELOPMENT DEPARTMENT

- 520 J Street
- Los Banos CA 93635
- Phone:
- Fax: (209) 827-7006

BUSINESS LICENSE OPERATIONAL STATEMENT

It is important that the operational statement provides for a complete understanding of your business.

1. Please provide the following information:

Applicant(s) Name(s): _____

Business Name: _____

Address: _____

Phone Number(s): _____

2. What is the existing use of the property?

3. What is the size of the property?

4. Describe the nature of the proposed business.

5. Will products be produced by the business? Yes No

Will they be produced on site or at some other location?

6. What are the proposed hours of operation?

Months
(if seasonal): _____

Days per week: _____

Hours: From: To: _____

Total hours per day: _____

7. Will there be any employees? Yes No

If so, how many? Full-Time: _____ Part-Time: _____

8. What equipment, materials, or supplies will be used and how will they be stored?

9. Estimate the number of vehicle trips per day that will be generated by the proposed business.

	Trips Per Day
Customer Traffic	
Service Vehicle (UPS/Delivery, etc)	

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE