



CITY OF HUNTINGTON PARK
 Community Development Dept. • Planning Division
 6550 Miles Avenue, Huntington Park, CA 90255
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ADULT-ORIENTED BUSINESS PERMIT APPLICATION

The following information is necessary to determine whether the proposed Adult-Oriented Business is consistent with the zoning and/or development standards of the City of Huntington Park.

1.
 - A. **Applicant Name** _____
 - B. **Name of Business** _____
 - C. **Mailing Address** _____

 - D. **Business Address** _____

 - E. **Telephone** Home (____) _____ Business (____) _____
 - F. **Age** _____ G. **Social Security No.** _____ H. **Driver's Lic. No.** _____

2.
 - A. **Property Owner's (Lessor's) Name** _____
 - B. **Mailing Address** _____

 - C. **Business Address** _____

 - D. **Telephone** Home (____) _____ Business (____) _____

3. **Adult-Oriented Business Description** (Please list all proposed activities)

4. Name(s) of the responsible person(s) who will be on the premises to act as a manager during the times that the business is open: _____

5. Business Applicant

A. Have you previously owned or operated an Adult-Oriented business or similar type of business in this or any other city, state, or territory? **Yes** **No**

If "yes", was your license or permit revoked or suspended? **Yes** **No**

If "yes", please list the names and addresses of all locations and year of issuance for each: _____

B. Have you been convicted of a misdemeanor, within the past two (2) years, convicted of a felony within the past five (5) years, or any offense requiring registration under California Penal Code Section 290 and the equivalent of the aforesaid offenses outside of the State of California? Yes No

If "yes", please explain. _____

C. If applicable, list the names of all employees, independent contractors, and other persons who will perform at the Adult-Oriented Business, as required by Section 5-20.05 (Adult-Oriented Business Performer Permit).

6. **Type of Property:**

- A. _____ **Large Center** (more than 10 stores) at one location
_____ **Strip Center** (5 to 10 stores) at one location

_____ **Mini Center** (2 to 4 stores) at one location
_____ **Stand alone** (one store, office etc.,) at location

B. **Gross floor area of business** _____ sq.ft

C. **Gross floor area of building(s)** _____ sq.ft.

D. **Number of off-street parking spaces at location** _____

E. **Number of floors of the building** _____

On what floor is business to be located? _____

7. **Current Status of Property:**

Is the tenant space currently vacant? Yes No

If "yes", how long: _____ months.

What was the last business type at this location, whether still in operation or not?

If vacant more than 6 months, explain why:

8. Will you be modifying the property, building, interior, or signage in any way? If so, briefly explain how and what is your proposed schedule to complete the modification work: _____

CERTIFICATE AND AFFIDAVIT OF APPLICANT: I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements may result in denial of the requested permit or revocation of any issued permit. I further certify that I am, or have been given permission by, the property owner to conduct the proposed development applied for herein.

Signature of Applicant