



## “USE & OCCUPANCY” APPLICATION PROCESS

ATTENTION BUSINESS LICENSE APPLICANT:

**Business License Ordinance Section No. 5.04.020** prohibits you from conducting business until a Certificate of Occupancy is issued and your Business License payment received.

**The application for the Use & Occupancy may take up to 2 weeks to process.**

There are up to five reviews and/or inspections that may be required to obtain approval of this application. The application process begins with the Planning Division.

- 1. Planning Division**
- 2. Building Division**
- 3. Public Works Department**
- 4. Fire Department**
- 5. Department of Environmental Health** (Only applicable if application is for food service and other related permits.)

Complete the Use & Occupancy Application, sign, date and submit the original copy to the Planning Division. The following Divisions & Agency listed below will determine whether on-site inspections will be required and it will be your responsibility to contact them regarding the status of your on-site inspections:

- |   |  |                       |
|---|--|-----------------------|
|  | <b>Building Division</b>                     | <b>(760) 202-9253</b> |
|  | <b>Riverside County Fire Dept.</b>           | <b>(760) 324-4511</b> |
|  | <b>Riverside County Environmental Health</b> | <b>(760) 320-1048</b> |
- (Only applicable if application is for food service or other related health permits.)

When the Certificate of Occupancy has been issued by the Building Department, you will be notified by the Finance Division, at which time you can apply for a City Business License. Upon payment of your City Business License you will receive a Business License Tax Certificate and your Certificate of Occupancy.

69-825 HIGHWAY 111 / RANCHO MIRAGE, CA 92270

Tel. (760) 324-4511

April 2012

	Date
Bud Kopp	_____
Jeremy Gleim	_____
Entered	_____
Building	_____
Finance	_____

# CITY OF RANCHO MIRAGE



U# \_\_\_\_\_

## USE & OCCUPANCY APPLICATION

Prior to the issuance of a business license for any new activity involving the use of land, building, structures, or portions thereof in the City, a Certificate of Occupancy shall be obtained. Such certificate shall be issued in various planning, building, police, fire prevention, public works, and health codes adopted by the City Council of Rancho Mirage, and shall not be issued until the requirements and conditions of each affected division have been satisfactorily completed.

**TO BE COMPLETED BY APPLICANT:**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> New Business | <input type="checkbox"/> New Location        | <input type="checkbox"/> New Construction and/or Tenant Improvements<br>Estimated Completion Date: _____ |
| <input type="checkbox"/> New Owner(s) | <input type="checkbox"/> Additional Business | <input type="checkbox"/> Open Date: _____  |

**Tenant/Applicant's Name/Title:** \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ Phone Number \_\_\_\_\_

**Building Owner's Name:** \_\_\_\_\_ Phone Number \_\_\_\_\_

Building Owner's Address: \_\_\_\_\_

**Name of Business:** \_\_\_\_\_ **to be printed on C of O**

**Business Address** \_\_\_\_\_ Suite No. \_\_\_\_\_

**Name of office or commercial center:** \_\_\_\_\_

**Space formerly occupied by  or Business sharing space with :** \_\_\_\_\_

Detailed description of proposed use of building or land: \_\_\_\_\_

**How many square feet of space will be used for business operation\*:** \_\_\_\_\_

*\* If you are sharing space with an existing business, enter **total** square feet of present business above and the amount of square feet **you** will be occupying:* \_\_\_\_\_

**Breakdown sq. ft.:** Office: \_\_\_\_\_ Storage: \_\_\_\_\_ Public Use: \_\_\_\_\_

**Describe Other Use:** \_\_\_\_\_ & Sq. Ft. : \_\_\_\_\_ **Describe Other Use:** \_\_\_\_\_ & Sq. Ft: \_\_\_\_\_

**For restaurant use:** Dining \_\_\_\_\_ Bar: \_\_\_\_\_ Food: \_\_\_\_\_ Restrooms: \_\_\_\_\_ Janitorial: \_\_\_\_\_

Total Number of People Working in Office: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_ Days of Week: \_\_\_\_\_

***"I declare that this application has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete statement of facts."***

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Driver's License No.:** \_\_\_\_\_  
(State) (No.)

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*\*BELOW TO BE COMPLETED BY PLANNING DIVISION\*\*\***

APN #: \_\_\_\_\_ Zoning: \_\_\_\_\_

Ordinance 860:  Yes  No No. of Required Parking Spaces: \_\_\_\_\_