MINOR ADMINISTRATIVE PERMIT APPLICATION



Λ	CE NO			DATE			
A	SE NO		_	DATE			
ces	ssary to the Permit S		E. Broadway, Ri		ut, floor plans and elevations a anner will be assigned to your		
ease	e complete (PRINT L	_EGIBLY or TYPE) the	following inform	nation:			
PAR	RT 1 - PROPERTY INF	FORMATION					
١.	Location of premises for which the Minor Administrative Permit is requested						
	Street Address			Kinsk Cart or F	ood Service Pavilion Number		
3.	Business Name			KIOSK, Cart OF I	ood oo vide i aviii on italiibei		
3.	Business Name			NOSK, Gart of 1	ood oo vice i dvillor i danber		
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PAR	T 2 - APPLICANT INI		Last Na	me			
PAR	T 2 - APPLICANT INI		Last Na State		Area Code - Phone Number		
PAR	T 2 - APPLICANT INF	City	Last Na State	me Zip Code			
PAR 3.	T 2 - APPLICANT INF		Last Na State	me Zip Code			
A	PT 2 - APPLICANT INI First Name Street Address Email Address	City	Last Na State	me Zip Code			
A	PT 2 - APPLICANT INI First Name Street Address Email Address	City	Last Na State	me Zip Code			
∠ AR.	PT 2 - APPLICANT INI First Name Street Address Email Address	City ifferent than applican	Last Na State	me Zip Code			

PART 3 - MINOR ADMINISTRATIVE PERMIT INFORMATION A. Project description/applicant request B. Type of Minor Administrative Permit requested as regulated by Chapter 3 of the Town Center Specific Plan (check all that apply) Alcoholic Beverages (on-site or off-site sale, serving or consumption) Billiard Establishment Gourmet Beer and/or Wine Store Kiosk, Cart and/or Food Service Pavilion Live/Work Unit Outdoor Eating Area Trolley

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□ Vending Machine

ac		Town Center Sp			permit request, in please answer all of the				
Α.	Will the proposed use be consistent with the various elements and objectives of the General Plan? ☐ Yes ☐ No								
В.	Will the proposed use and application be consistent with the Town Center Specific Plan? ☐ Yes ☐ No								
C.	Will the establishment and operation of the proposed use at the location proposed not endanger or constitute a menace to the public health or safety of persons residing or working within or in the immediate vicinity of the Town Center Specific Plan site? ☐ Yes ☐ No								
thi AC	s application are to be CEPTED.	submitted. Attach	additional page		the request. Three (3) copies of Y COMPLETE APPLICATIONS WILL BE				
	_ PROPERTY OWNERS !	MUST SIGN THIS APP	PLICATION						
1.	First Name	irst Name Last Name							
	Street Address	City	State	Zip Code	Area Code - Phone Number				
	Signature/s			Date					
2.	First Name		 Last Nam	ne					
	Street Address	City	State	Zip Code	Area Code - Phone Number				
	Signature/s		Date						
SIG	NATURE AND NAME O	FAPPLICANT							
1.	Applicant's Name - Please	 Print							
	Applicant's Signature/s			Date					
F	OR STAFF USE ONLY			Date Stamp					
R	eceived by								

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