



CITY OF PALM DESERT
 73-510 Fred Waring Drive
 Palm Desert, CA 92260
 P: (760) 346-0611 F: (760) 776-6356
 www.cityofpalmdesert.org

Business Lic. #: _____

Expiration Date: _____

CERTIFICATE OF USE

Business Owner / Operator:

Name: _____ Telephone: _____

Street Address: _____ City: _____ Zip: _____

Email Address: _____

Business Information:

Business Name: _____ Business Phone: _____

Street Address: _____ City: _____ Zip: _____

Operating Hours: _____ Days of the Week: _____

Number of Employees: _____ Square Feet of Lease Space: _____

Number of Business Vehicles: _____

Where are Vehicles Parked: _____

Business Description: _____

Type of Business Conducted: _____

Automotive

Light Industrial / Manufacturing

Massage

Medical Office

Professional Office

Personal Services

Residential Management

Restaurant

Retail

Other

Does your business require a health permit to serve food/beverages? Yes No

Does your business provide live entertainment? Yes No

▪ Days / Hours: _____

Does your business require outdoor storage? Yes No

Landlord Information:

Name: _____ Telephone: _____

Street Address: _____ City: _____ Zip Code: _____

Business Owner Signature: _____

Date: _____

For City Staff Use Only

Planning Department

Zoning District: _____

Approved

Denied

Special Conditions: _____

Reason(s) for Denial: _____

Planner's Signature and Title

Date

Code Enforcement

Approved

Denied

Special Conditions: _____

Reason(s) for Denial: _____

Officer's Signature and Title

Date