



ADULT-ORIENTED BUSINESS LICENSE APPLICATION

PROJECT INFORMATION:Address: _____

APN(s): _____

FOR CITY USE ONLY:

File No: _____

Project Name: _____

Date Submitted: _____

Fee: \$1,900

Zoning: _____

GP: _____

Related Files: _____

APPLICANT INFORMATION:

Contact Person: _____

Organization: _____

Telephone No.: _____

E-mail: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

PROPERTY OWNER INFORMATION:

Contact Person: _____

Organization: _____

Telephone No.: _____

E-mail: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

PROPOSED PROJECT (Briefly describe proposal. On separate pages, include all requested information required in Lake Forest Municipal Code Section 5.10.014 (b).)

I hereby certify under penalty of perjury that all the foregoing information is true and correct and recognize that any false or misleading information shall be grounds for denying this application. Furthermore, I understand that the cost to process a discretionary application is commensurate with staff time and resources, and agree to submit additional funds should the total cost exceed the deposit submitted:

Applicant Signature_____
Date

I hereby authorize the applicant, identified above, to file this application and represent me in matters related to its processing:

Property Owner Signature_____
Date