



TOO Permit NO: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Approved by: \_\_\_\_\_

# Temporary Outdoor Operations Permit Application

## I. Applicant Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Affiliation to Business: \_\_\_\_\_

## II. Business Operation

Type of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Website Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Business Contact e-Mail: \_\_\_\_\_

## III. Property Owner Information

Property Owner/Management Company: \_\_\_\_\_

Primary Contact's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## IV. Operational Details

| Day       | Hours of Operation |      |      |       |      |      |
|-----------|--------------------|------|------|-------|------|------|
|           | Open               | a.m. | p.m. | Close | a.m. | p.m. |
| Monday    |                    |      |      |       |      |      |
| Tuesday   |                    |      |      |       |      |      |
| Wednesday |                    |      |      |       |      |      |
| Thursday  |                    |      |      |       |      |      |
| Friday    |                    |      |      |       |      |      |
| Saturday  |                    |      |      |       |      |      |
| Sunday    |                    |      |      |       |      |      |



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Equipment Used:

|  |                 |                 |         |
|--|-----------------|-----------------|---------|
|  | Canopy/Tent     | Square Footage: | Height: |
|  | Electricity     |                 |         |
|  | Lighting        |                 |         |
|  | Propane Heater  |                 |         |
|  | Amplified Music |                 |         |

Alcohol:

|  |   |
|--|---|
|  | No alcohol will be served.  |
|  | Yes, alcohol will be served (provide a copy of the California ABC permit for outdoor service) |

## V. Supplemental Questions

| Yes | No | Please use the box to answer the questions below:   |
|-----|----|---|
|     |    | Do you have a current valid City of Agoura Hills business license? Please attach a copy.                        |
|     |    | Is a health permit required to operate your business?   |
|     |    | If a health permit is required, do you have a current valid health permit? Please attach a copy.                |
|     |    | If alcohol will be served, do you have a valid ABC-218 CV19 license for service outdoors? Please attach a copy. |
|     |    | Are you currently in violation of any Federal, State, or Local rules or regulations?                            |
|     |    | Are you currently subject to any administrative citations or other enforcement actions for any violations?      |
|     |    | Is your proposal consistent with the health orders issued by the County of Los Angeles?                         |
|     |    | Is your proposal consistent with the health orders and guidance issued by the State of California?              |

## VI. Acknowledgment Statement and Certification

I/We understand that it is the responsibility of the Property Owner/Applicant to comply with all Federal, State, and Local rules, regulations or directives, including but not limited to applicable health orders issued by the County of Los Angeles or the State of California and the applicable State Industry Guidance document(s).

I/We understand that the City shall have the rights to suspend or prohibit the operation of a Temporary Outdoor Operation Permit at any time if necessary to safeguard the public health, safety and welfare.

I/We understand that the permit shall be personal to the permittee and is not transferrable, delegable, or assignable.

I/We understand that once a temporary outdoor operation is removed, I/we am/are responsible for returning the property to its original state.

Certification and Declaration: I/We certify and declare under penalty of perjury that the foregoing statements and answers herein contained and the information provided in this application are true and correct. I/We acknowledge my/our understanding that any intentional or negligent



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misrepresentation(s) of the information contained in this application may result in civil liability and/or criminal penalties and/or may disqualify me/us from a Temporary Outdoor Operation Permit. By signing below, I/we certify and declare that the above statements are true and correct to the best of my/our knowledge and belief.

Declarant Signature: \_\_\_\_\_

Date and Place: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE ~~~~~ FOR OFFICIAL USE ONLY**

- Approved
- Denied

TOO Permit Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date Approved/Denied: \_\_\_\_\_ Approved/Denied by: \_\_\_\_\_

Associated Permits: \_\_\_\_\_

NOTES: