## **Zoning Summary Sheet\***

License ID# (Office Use)\_\_\_\_\_

In order for the Zoning Administrator to determine the classification of your business and to expedite your license application, this form must be completed and submitted with a floor plan and a site plan which is dimensioned and drawn to scale (see example site & floor plan formats below).

\*Zoning approval will not be granted for this license request without this information.

Business Address _511	Snelling Street Address	Ave. N	Business Type Retail Store	_
Business Name Pias	ssa LLC			_
Licensee/Owner Name:_ (Responsible Party)	Esayas First	M. Middle	Sable Day Phone: 763 / 300 - 7215  Maiden Last	

Please answer questions 1 - 6. You will also need to answer questions 7 - 15 if you are applying for a restaurant license. Contact the zoning inspector at 651-266-9083 if you have questions about the information needed on this form.

	State of the Manager
What is the gross floor area for this business?	7. Do you intend to have a drive-thru window? yes _X_ no
	8. Will you have a permanent menu board? yes _X_ no
2. What was the previous use of this space?	9. Do you intend to serve liquor?yes _X _no
3. How many off-street parking spaces are provided for	10. Is this a restaurant associated with a Chain or franchised business?yesyno
this business?	11. Will customers pay for their food before consuming it?  12. Is a self-service condiment bar proposed?  yes no
5. What are these uses?	12. Is a self-service condiment bar proposed? yes no N/A
6. Do you own the property or are you leasing it?  Jam leasing	13. Are trash receptacles provided for self- Service bussing? yes no A
	14. Will there be hard finished, stationary seating? yes no
	15. Are your main course food items Prepackaged or made to order? N/A



