DEPARTMENT OF RESOURCE MANAGEMENT

Planning Services Division

675 Texas Street, Suite 5500, Fairfield, CA 94533

Phone (707) 784-6765 Fax (707) 784-4805

www.solanocounty.com

Second Kitchen Registration Application

Application No:		Filing Fee:	Receipt No:
Date Filed:		Received By:	Zoning:
1. Applica			
Mailing	Address		
	City	State	Zip
Interest	in Property (Owner,	Lessee, or Agent)	
2. Propert	y Owner		
Mailing	Address		
	City	State	Zip
3. Site Add	dress		
4. Assessor's Parcel			
5. Minimum information required to file a complete application:			
	Site Plan - one copy	y, drawn to scale and fully	dimensioned.
	Floor Plan - one copy, drawn to scale and fully dimensioned, of entire building (both existing and proposed).		
	Assessor's Parcel Map - one copy, with subject property outlined in red.		
	☐ Supplemental Information - photographs, etc.		
Certificati knowledge this second knowledge	on - Applicant must true and correct. If I kitchen, the signati of and consent to the	sign below certifying that applicant is not the owne ure given below is certif e filing of this application	t all information is to the best of his/her er of record of all property proposed for ication that the owners of record have and supporting data.
Applicant's	signature:		Date: