



City of Burbank
License and Code Services Division
DESIGNATED SMOKING AREA
Application to Exceed 40% Dining Area Limitation

150 North Third Street
 Burbank, California 91502
 www.burbankusa.com/license
 818.238.5280

Business Name: _____

Business Address: _____

Outdoor Dining Area Information: Please provide the following information for the dining area and requested designated smoking area.

	Total Outdoor Dining Area	Area Requested for Designated Smoking Area
Square Footage		
Number of Tables		
Number of Chairs		

Dimensions of Designated Smoking Area: _____ **Distance of Smoking Area from Nearest Entrance or Exit:** _____

Method of Separation: Please describe the type of physical barrier or ventilation system that will be used to ensure that smoke from the smoking area does not enter the non-smoking area (if any non-smoking area is proposed).

Plan of Dining Area: Please attach a floor plan of the outdoor dining area. The plan must show the location of the proposed smoking and non-smoking areas, all tables and chairs, all entrances and exits to the dining area and the indoor portion of the restaurant, all physical barriers or locations of ventilation equipment between smoking and non-smoking areas, and the locations of all signs indicating the designated smoking area. The plan must show all dimensions.

Reason for Smoking Area Request: Please describe the nature of the business and the specific reason for the request to allow more than 40% of the outdoor dining area to be a designated smoking area. Attach additional sheets as necessary.

Property Owner Name _____ **Applicant Name** _____

Mailing address _____ **Mailing address** _____

Telephone _____ **Telephone** _____

Email _____ **Email** _____

I hereby certify that I am the legally authorized owner of the property involved in this application or have been empowered to sign as the owner on behalf of a corporation, partnership, or business as evidenced by the documents attached hereto. I hereby grant to the applicant of this form full power to submit this application and to sign all documents related to the submittal of this application. I declare under penalty of perjury that the foregoing is true and correct.

Property Owner Signature _____
Date _____

I hereby certify that the information furnished in this application and the attached materials are true and correct to the best of my knowledge and belief. Further, should the stated information be found false or insufficient, I agree to revise the information as appropriate. I understand that the City of Burbank cannot process this application until all required information is provided. I understand there is no guarantee, expressed or implied, that any permit or application will be granted. I understand that each matter must be carefully investigated and the resulting recommendation or decision may be contrary to a position taken or implied in any preliminary discussions. I understand that I have the burden of proof in the matter arising under this application made by me. I declare under penalty of perjury that the foregoing is true and correct.

Applicant Signature _____
Date _____

Staff Use Only _____ **Date Received** _____ **Received By** _____

Approved Disapproved % Approved By Date

Notes _____