



**CITY OF WEST HOLLYWOOD
OUTDOOR SMOKING OPERATIONS PLAN APPLICATION**

All applicants must include a scaled drawing of the business site plan that includes a clear diagram of any outdoor area where smoking would be allowed pursuant to City of West Hollywood Ordinance 11-863, INCLUDING detailed drawings of adjacent businesses within 5 feet of the smoking area.

Business Name		Type of Business (check appropriate box)	
		<input type="checkbox"/> Restaurant	<input type="checkbox"/> Nightclub
		<input type="checkbox"/> Bar	<input type="checkbox"/> Other _____
Business Owner Name		Business Email Address	
Business Property Address			
Business Phone	Business Fax	Conditional Use Permit Number (if applicable)	
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Please list all <u>active</u> Business Licenses			

Please mark all that apply to this business:

- Open Air Area of a Bar, Nightclub or Restaurant.
- This business is an existing licensed Private Membership Club that has been in continuous operation since February 1, 2011.
- This business is an existing licensed Hookah Café that has been in continuous operation since February 1, 2011. Note: Hookah smoking shall not be permitted indoors. Other than Hookah, all other smoking materials, including but not limited to marijuana, cigarettes and/or cigars shall not be permitted in outdoor area.
- Unenclosed congregation area of a restaurant.
To qualify in this category, the following must apply:
 1. Food cannot be served to patrons in this area
 2. The smoking area must be completely separate and segregated with a minimum 5-foot buffer from any outdoor dining area where smoking is not permitted
 3. Smoke cannot be detected or smelled in the nonsmoking area
- This area is excluded from the definition of “place of employment” in the California Labor Code Sections 6404.5(d)

By signing below, I / We agree to comply with all smoking ordinances, rules and regulations of the City of West Hollywood. In addition, I agree to advise the City of West Hollywood of any and all changes to this smoking operations plan when they occur. I understand the failure to truthfully complete this application may result in the denial of the application.

SIGNATURE	PRINT NAME	DATE
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Once this Smoking Operations Plan Application has been received, the Applicant shall be contacted to schedule a Site Inspection.

OFFICIAL USE ONLY

Application Received by (print name):	Date Received	Deemed Complete:
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Site Inspection Performed by (print name):	Date:
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Staff Comments:

FINDINGS: CONDITIONS OF APPROVAL/EXPLANATION OF DENIAL

STATUS OF SMOKING OPERATIONS PLAN **Approved** **Denied**

Stephanie DeWolfe, AICP - Community Development Director Date:

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