CITY OF NATIONAL CITY
1243 National City Blvd.
National City, CA 91950
(619) 336-4241

FOR OFFICE USE ONLY
BL # _____
Zoning: _____
Approved by: _____
Date: _____

TEMPORARY OUTDOOR USE PERMIT*

APPLICANT:

Name: _____ Date: _____
Business Name: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email: _____

Landlord or Property Manager Approval (if needed):
Name (print): _____
Signature: _____

☐ Proposed hours of operations (i.e. the days and hours, including any set up and clean up): _____
☐ Is alcohol being served in the outdoor space? ☐ Yes ☐ No ☐ Doesn't apply (N/A)
A copy of the ABC license authorizing alcohol service is needed if alchol is to be served outside.
☐ Any driveway or parking space closures? ☐ Yes ☐ No ☐ Doesn't apply (N/A)
☐ Are tents or canopies being installed? ☐ Yes ☐ No ☐ Doesn't apply (N/A)
☐ Is special signage or fencing proposed? ** ☐ Yes ☐ No ☐ Doesn't apply (N/A)

I have read and understood the conditions and limitations regarding the Temporary Outdoor Use Permit, have reviewed the conditions on the website at https://www.nationalcityca.gov/ and hereby certify compliance.
Failure to comply is grounds for denial or revocation. False or misleading information shall be grounds for denial of the Temporary Outdoor Use Permit application.

_____ _____
Print Name Signature

Please use the following page to provide a diagram to show the location of the proposed outside area to be utilized.
Please include the size, location, and number of all canopies or tents (if applicable) **

* not for public rights-of-way (e.g. sidewalks, streets, street parking)
** for fully enclosed areas, additional information may be required (e.g. seating, occupancy, etc.)

Checklist
Application form ☐
Copy of business license ☐
Site plan ☐
Copy of ABC license (if applicable) ☐

E-Mail application package to:
Martin Reeder, Principal Planner
MReeder@NationalCityCA.gov
Questions: email or call (619) 336-4313

SITE PLAN: 1 square = 5 feet

For outdoor eating areas, please note that compliance with the Americans with Disabilities Act (ADA) is required. For more information on fixed seating and tables outside, please refer to their website at: https://www.ada.gov/reachingout/servingcustomers.html

E-Mail Survey to:
Lauren Maxilom
LMaxilom@NationalCityCA.gov
(619) 336-4289

National City Business Survey ~ We want to here from you!

1. . Has Your Business/Organization Applied for Financial Assistance Through Any Local, State or Federal COVID-19 Programs?

☐ No

If Yes, which programs and did you receive the funding?

☐ National City Emergency Business Loan ($5k - administered through SCEDC)

☐ San Diego County Small Business Stimulus Grant

☐ Federal Small Business Administration (SBA) Loan

☐ Federal Paycheck Protection Program Loan (US Treasury)

☐ Other?

2. . What Additional Resources Do You Need to Support Your Business/Organization?

☐ Additional Emergency Loan Funding

☐ Ongoing Access to Financing/Capital

☐ Assistance Marketing Your Business

☐ Other?

3. Do you receive Business Emails / E-Newsletters from the City?

☐ Yes

If No, please provide a valid business email address

4. Do you use social media for your business?

☐ No

If Yes, please provide us the name of your business on social media and which platform (Facebook, Twitter, Instagram) so we can follow you and help promote your business.

Please follow the City of National City on social media.
CityofNationalCity on Facebook & Instagram
CityofNatlCity on Twitter

5. Do you have any additional feedback for the City on our programs and services, or issues that we should be aware of such as crime, street conditions, etc.?