City of Dallas

Planning & Development Department
320 E Jefferson Blvd, Dallas TX 75203
(214) 948-4480

LAND USE QUESTIONNAIRE (1 of 2)

Business Owner_____ (DBA) _____

Type of business (Please Specify)_____

Physical Address/suite number_____

Please describe in **detail** your day-to-day business operations (include business hours): **Required**

Additional Information for Certain Uses:

Check all that apply

Assembly Uses

☐ **Restaurant Use:**☐Drive-Thru | ☐Take-out only | ☐ Tables/Seating

☐ **Event Center/Banquet Hall, Art gallery**

☐ **Place of religious worship,** or other similar use?

☐ **Entertainment: Nightclub/Dance Hall:** Have you applied for a dance hall license? ☐ Yes ☐ No
Is there a cover charge: ☐ Yes ☐ No

☐ **Alcohol Establishment/Bar:** Have you applied for a TABC permit? ☐ Yes ☐ No
Is there a cover charge: ☐ Yes ☐ No

☐ Are any additional services or occasional activities offered? (ex. DJ Booth, Live Music, Spa/Pool, Gaming, Billiards, Sports Court, Day Care, etc.) _____

☐ What type of seating is provided: ☐ Fixed ☐ Non-fixed ☐ Both

Warehouse/Storage/Manufacturing

☐ **Storage Use:** ☐ Inside | ☐ Outside | ☐ Tire | ☐ Mattress/Furniture | ☐ Flammable/Hazardous | ☐ Other

Please list/describe all items stored and specify storage method (ex. racks, pallet, other):

☐ **Manufacturing Use:** List product(s) being manufactured/made/produced/assembled/cut-to-size
Will there be: ☐ Tires | ☐Mattress/Furniture | ☐ Food | ☐ Flammable/Hazardous | ☐ Other

Please list/describe all items manufactured and specify storage method (ex. racks, pallet, other):

LAND USE QUESTIONNAIRE (2 of 2)

☐ **Recycling/Salvage**

Please list/describe all items being recycled/salvaged

Institutional Use:

☐**Hospital** ☐**Nursing/Treatment Center:** Maximum number of occupants: _____

☐**Adult Daycare** ☐**Child Daycare:** Are children 2 ½ yrs or younger served? ☐ Yes ☐ No

☐**School**

Please describe the institution use/services provided

Motor Vehicle:

☐**Auto Service Center** (minor repairs: oil change, detailing, paintless dent repair)

☐**Engine/Transmission/ Paint and Body**

☐**Vehicles be stored onsite** ☐ Operable ☐ Inoperable ☐ Both

Please describe all services offered:

Residential Use:

☐**Multifamily Dwelling** Unit Count _____

☐**Group Residential Facility** (assisted living): Maximum number of occupants: _____

☐**Hotel/Motel:** Number of guest rooms: _____

The following contains required signatures and acknowledgments affirming these answers are true and correct.

ACKNOWLEDGEMMENT

I _____ am the business owner and have read the above information and acknowledge that
Please Print Name
all answers provided are true and correct.

Business Owner Signature_____ Date: _____