



City of Torrance - Community Development Department
Development Review Division

MULTI-TENANT FACILITY BUSINESS REVIEW

Part 1: INFORMATION ABOUT THE PROPOSED BUSINESS OPERATION

Name of Business:	Type of Business:
Previous Location:	Website:
Proposed Hours of Operation:	Days:
Number of Employees:	Average Number of Customers Per Day:
<i>Provide a detailed summary of the typical business activities/services that would be conducted at this location:</i>	
Contact Person:	Phone:
Title/Position:	Fax:
E-mail:	Date: / /

Part 2: INFORMATION ABOUT THE PROPOSED LOCATION

Proposed Address:
Name of Center:
Suite Square Footage:
<i>In order to determine if there is adequate parking for your proposed business at this location, please provide the information below. This information must be obtained from the property owner/property management company. Feel free to attach additional pages if necessary.</i>
Total number of parking spaces available for this center:
CURRENT TENANT LIST FOR THE ENTIRE CENTER
Address/Suite # Business Name Business Type Square Footage
1)
2)
3)
4)
5)
6)
7)
8)
9)
10)