

**Extension Request
Business Operating Permit Application**

Instructions:

Business Operating Permit (BOP) applications expire 180 days after submission. To extend the BOP application for an additional 180 days, **a request for extension of the BOP must be submitted and the \$500 extension fee paid prior to expiration.** For multiple BOP applications, a separate extension request form and extension fee must be submitted for each application. As part of the extension process, applicants may be asked to submit/resubmit updated documents to keep the application current.

Business Name: _____ **OP#:** _____

Business Premises Address: _____

Conditional Use Permit (CUP) # (Z or P File): _____ **Approved: Yes** ___ **No** ___

If yes, please provide approval date: _____

Building Permit Status: COM(s)# _____

Applied: Yes ___ **No** ___ **Issued: Yes** ___ **No** ___

If the CUP is approved but the applicant has not applied for a building permit, please state the reason in the space below:

Tenant Improvement/Build-Out Status

Please select the option that best describes your project:

___ **Construction has started**

Estimated completion: ___ under 6 months ___ 6-12 months ___ over 12 months

___ **Construction has not started**

Estimated completion: ___ under 6 months ___ 6-12 months ___ over 12 months

___ **Construction completed**

Certificate of Occupancy expected in:

___ Under 30 days ___ 31-60 days ___ over 60 days

If the options above do not describe your status, please describe below:

Certifications:

(initial each section below)

___ I certify that the information provided above is true and verifiable.

___ I acknowledge and agree that this completed form and the \$500 fee must be submitted prior to BOP expiration to be considered.

___ I acknowledge and agree that if this request is approved, the BOP application is extended only for a period of 180 days (one year from original submission of the BOP application).

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

FOR STAFF USE ONLY:

Date Received: _____ **Extension Fee Paid on:** _____

BOP Application extended to: _____

Staff Signature: _____ **Date:** _____