



PLANNING COMMISSION REGULAR MEETING

Clearlake City Hall Council Chambers
14050 Olympic Dr, Clearlake, CA

Tuesday, June 10, 2025

6:00 PM

The Planning Commission meetings are viewable in person in the Council Chambers, via livestreaming on the City's YouTube Channel (https://www.youtube.com/channel/UCTyifT_nKS-3woxEu1ilBXA) or "Lake County PEG TV Live Stream" at <https://www.youtube.com/user/LakeCountyPegTV/featured> and the public may participate through Zoom at the link listed below. The public will not be allowed to provide verbal comment during the meeting if attending via Zoom. The public can submit comments in writing for Commission consideration by commenting via the Q&A function in the Zoom platform or by sending comments to the Administrative Services Director/City Clerk at mswanson@clearlake.ca.us. To give the Commission adequate time to review your comments, you must submit your written emailed comments prior to 4:00 p.m. on the day of the meeting.

AGENDA

MEETING PROCEDURES: *All items on agenda will be open for public comments before final action is taken. Citizens wishing to introduce written material into the record at the public meeting on any item are requested to provide a copy of the written material to the Administrative Services Director/City Clerk prior to the meeting date so that the material may be distributed to the Planning Commission prior to the meeting. Speakers must restrict comments to the item as it appears on the agenda and stay within a three minutes time limit. The Mayor has the discretion of limiting the total discussion time for an item.*

Pursuant to Senate Bill 1100 and the City Council Norms and Procedures, any member of the public making personal, impertinent, and/or slanderous or profane remarks, or who becomes boisterous or belligerent while addressing the Commission, staff or general public, or while attending the Planning Commission meeting and refuses to come to order at the direction of the Presiding Officer, shall be removed from the Council Chambers or the Zoom by the sergeant-at-arms or the City Clerk and may be barred from further attendance before the Commission during that meeting. Unauthorized remarks from the audience, stamping of feet, whistles, yells, and similar demonstrations shall not be permitted by the Presiding Officer. The Presiding Officer may direct the sergeant-at-arms to remove such offenders from the room.

AMERICANS WITH DISABILITY ACT (ADA) REQUESTS

If you need disability related modification, including auxiliary aids or services, to participate in this meeting, please contact Melissa Swanson, Administrative Services Director/City Clerk at the Clearlake

City Hall, 14050 Olympic Drive, Clearlake, California 95422, phone (707) 994-8201, ext 106, or via email at mswanson@clearlake.ca.us at least 72 hours prior to the meeting, to allow time to provide for special accommodations.

AGENDA REPORTS

Staff reports for each agenda item are available for review at www.clearlake.ca.us. Any writings or documents pertaining to an open session item provided to a majority of the Planning Commission less than 72 hours prior to the meeting, shall be made available for public inspection on the City's website at www.clearlake.ca.us.

Zoom Link:

https://clearlakeca.zoom.us/webinar/register/WN_OwwF0HAPTrCfPfyPpm64Ug

A. ROLL CALL

B. PLEDGE OF ALLEGIANCE

C. ADOPTION OF THE AGENDA *(This is the time for agenda modifications.)*

D. ADOPTION OF THE AGENDA *(This is the time for agenda modifications.)*

1. Presentation of the Norms and Procedures

E. PUBLIC COMMENT: *This is the time for any member of the public to address the Planning Commission on any matter not on the agenda that is within the subject matter jurisdiction of the City. **The Brown Act, with limited exceptions, does not allow the Commission or staff to discuss issues brought forth under Public Comment.** The Commission cannot take action on non-agenda items. Concerns may be referred to staff or placed on the next available agenda. Please note that comments from the public will also be taken on each agenda item. Comments shall be limited to three (3) minutes per person.*

F. PUBLIC HEARING

- [2.](#) Consideration of Conditional Use Permit, CUP 2025-02 and associated environmental filing Categorical Exemption, CE 2025-03 to allow a Tattoo Parlor within an existing commercial building located at 15140 Lakeshore Drive, Clearlake, CA 95422, further described as Assessor Parcel Number 040-330-37.
Recommended Action: Adopt Resolution PC 2025-04
- [3.](#) Consideration of Conditional Use Permit, CUP 2025-03, and corresponding environmental filing, Categorical Exemption, CE 2025-04 to allow tobacco sales within an existing commercial building located at 14270 Lakeshore Drive, Clearlake, CA CA 95422, further described as

Assessor Parcel Number 040-091-14.

Recommended Action: Adopt Resolution PC 2025-05

G. CITY MANAGER AND COMMISSIONER REPORTS

H. FUTURE AGENDA ITEMS

I. ADJOURNMENT

POSTED: June 6, 2025

BY:

A handwritten signature in blue ink that reads "Melissa Swanson". The signature is written in a cursive, flowing style. Below the signature is a solid black horizontal line.

Melissa Swanson, City Clerk



City of Clearlake
Planning Commission

STAFF REPORT	
SUBJECT: Conditional Use Permit - CUP 2025-02 Categorical Exemption - CE 2025-03	MEETING DATE: June 10th, 2025 6:00 p.m.
SUBMITTED BY: Mark Roberts – Senior Planner	
REPORT PURPOSE: <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Discussion <input type="checkbox"/> Information Only	
LOCATION: 15140 Lakeshore Drive Clearlake, CA 95422	APPLICANT: Johnny Silvera
APN: 040-330-37	PROPERTY OWNER: Todd Choy (Lakeshore Drive, LLC)
ZONING: General Commercial	GENERAL PLAN: Commercial

WHAT IS BEING ASKED OF THE PLANNING COMMISSION:

The Planning Commission is being asked to consider Conditional Use Permit, CUP 2025-02, and corresponding environmental filing, Categorical Exemption, CE 2025-03 to allow a Tattoo Parlor located at 15140 Lakeshore Drive, Clearlake, CA 95422 further described as Assessor Parcel Number 040-330-37.



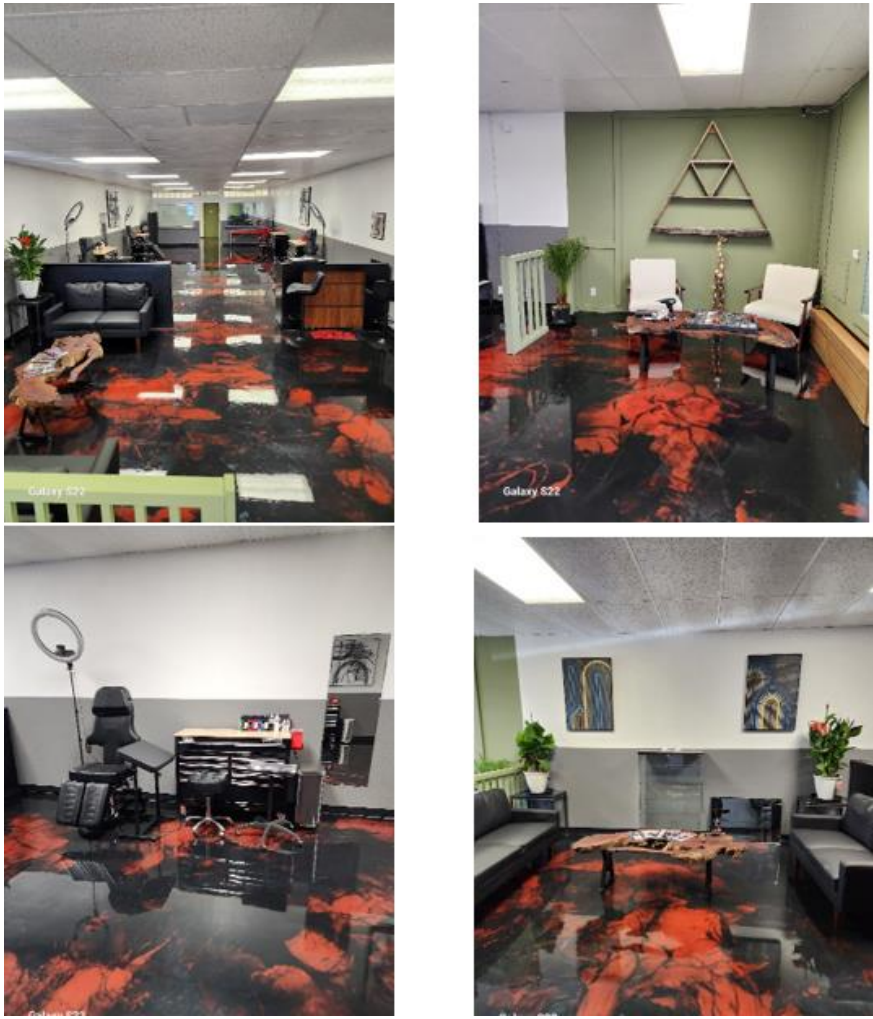
PROJECT SUMMARY:

The business is located within the Highland Center, an established commercial development featuring a diverse mix of tenants, including but not limited to healthcare facilities, restaurants, and retail services.

The proposed business is a professional tattoo parlor which will occupy an existing 1,600 square foot unit. The operation will offer body art services, including both custom and pre-designed tattoos. The business may offer body piercing services, providing clients with a broader selection of body art options. All services will be performed in compliance with State and local health and safety regulations.

Access: The primary access is located off Lakeshore Drive, approximately one-third of a mile from the intersection of State Highway 53. There is a secondary access point via West 40th Street, which also serves as an access point for residential development.

Parking: The Highland Center offers over 150 shared parking spaces throughout the commercial plaza. Of these, more than 50 spaces are in the immediate vicinity of the applicant’s unit.



AGENCY REVIEW:

On March 13, 2025, a Request for Review (RFR) was distributed via email to various city departments and relevant agencies, inviting them to review and provide comments. *(Refer to Attachment D for details).*

- City of Clearlake (Building, Planning, Public Works, and Police/Code Enforcement Departments)
- Lake County Fire Protection District
- Lake County Environmental Health Department
- Lake County Special Districts
- Lake County Assessor’s Office
- Lake County Tax Collector’s Office

During the review period, the city received comments from the Lake County Environmental Health Department and Lake County Special Districts. No adverse comments or objections were submitted. In response, Conditions of Approval have been incorporated to ensure full compliance with the applicable requirements of the commenting agencies.

MUNICIPAL CODE:

Land Use Designation: The project site is located within the General Commercial Zoning District and a Tattoo Parlor is an allowable use upon securing a Conditional Use Permit *(Chapter 18.18, Section 18.18.030 – Commercial, Recreation, and Amusement Uses -Table 5).*

ENVIRONMENTAL REVIEW (CEQA):

The California Environmental Quality Act (CEQA) mandates that agencies assess the environmental impacts of land use actions. Following a review of the application, agencies comments, and that the use will operate within an existing structure *(1,600 square foot unit)*, staff concluded that the project is Categorically Exempt from Environmental Review in accordance with Chapter 19, Section 15301 (Class 1 - Existing Facilities).

- *Class 1 consists of the operation, repair, maintenance, permitting, leasing, licensing, or minor alteration of existing public or private structures, facilities, mechanical equipment, or topographical features, involving negligible or no expansion of existing or former use. The types of “existing facilities” itemized below are not intended to be all-inclusive of the types of projects which might fall within Class 1. The key consideration is whether the project involves negligible or no expansion of use.*

The proposed use qualifies for this exemption, as it will operate within an existing structure, with no expansion or physical modifications to the structure or its current use. By utilizing the existing facilities as-is, the project avoids any significant environmental impacts and aligns with the criteria outlined in CEQA Guidelines Section 15301.

LEGAL NOTICE & PUBLIC COMMENT:

The public hearing was duly noticed at least ten (10) days in advance, in accordance with the requirements of the Clearlake Municipal Code. Notice was published electronically in the Lake County Record Bee on Saturday, May 31st, 2025, and mailed via USPS to all property owners within a 300-foot radius of the subject parcel. All mailing addresses are drawn from the electronic database supplied by the Lake County Assessor Office.

FINDINGS OF APPROVAL:

Pursuant to Section 18-28.040, to grant a Conditional Use Permit, the acting review authority (City Council, Planning Commission or Community Development Director) must make the following determinations:

1. That the proposed use will not be detrimental to the health, safety or welfare of people working or living at the site or within the vicinity.
2. The acting review authority may deny the proposal or attach conditions as deemed necessary to secure the purposes of these regulations.
3. Actions on permit use shall be justified by written findings, based on substantial evidence in view of the whole record.

MOTION/OPTIONS:

1. Move to Adopt Resolution PC 2025-04, A Resolution of the Planning Commission of the City of Clearlake Approving Conditional Use Permit, CUP 2025-02, and corresponding environmental filing, Categorical Exemption, CE 2025-03 to allow a Tattoo Parlor located at 15140 Lakeshore Drive Clearlake, CA further described as Assessor Parcel Number 040-330-37.
2. Move to deny Resolution PC 2025-04 and direct staff to prepare appropriate findings.
3. Move to continue the item and provide alternate directions to staff.

ATTACHMENTS:

- Attachment A – PC Resolution PC 2025-04 with Conditions of Approval
- Attachment B – Submitted Conditional Use Permit Application
- Attachment C – Interior Operation Layout
- Attachment D – Agency Comments Received

RESOLUTION No. PC 2025-04

A Resolution of the Planning Commission
City of Clearlake, State of California
Approving Conditional Use Permit CUP 2025-02 and
Categorical Exemption CE 2025-03
to allow a Tattoo Parlor

WHEREAS, *Johnny Silveira (Applicant)* applied for approval of a Conditional Use Permit, CUP 2025-02 to allow a tattoo Parlor within an existing building/unit located at 15140 Lakeshore Drive, Clearlake, CA 95422, APN 040-330-37-000; and

WHEREAS, the following applications have been made in accordance with the following section of the City Municipal Code Regulations Chapter 18.18, Section 18.18.030 – Commercial, Recreation, and Amusement Uses -Table 5; and

WHEREAS, these applications have been processed in accordance with the City’s Environmental Review Guidelines; and

WHEREAS, the project is Categorical Exempt from Environmental Review Pursuant to Article 19, Categorical Exemptions of the State of California Environment Quality Act (CEQA) Statute and Guidelines, Section 15301 (Class 1 - Existing Facilities); and

WHEREAS, adequate public noticing was made for the project in accordance with the City’s Municipal Code; and

WHEREAS, the City’s Zoning and General Plan Designates the project site as General Commercial and as conditioned, the proposed use and design would be consistent with the General Plan; and

WHEREAS, the project is subject to obtaining a Conditional Use Permit from the Planning Commission in accordance with Chapter 18 - Section 18-18.030 (Commercial, Recreation, and Amusement). Therefore, in accordance with Section 18-28.040 of the Zoning Code regarding use permits, the Planning Commission finds the following:

- a) The use will not be detrimental to the health, safety, convenience, or general welfare of citizens residing or working in the vicinity, or injurious to the property, improvements or potential developments in the vicinity.
- b) The nature of the proposed site, including its size and shape, and the proposed size, shape, and arrangement of structures.
- c) The accessibility and traffic patterns for citizens and vehicles, the type and volume of such traffic and the adequacy of proposed off-street parking and loading.
- d) The safeguards afforded to prevent noxious offensive emissions such as noise, glare, dust and odor.
- e) Treatment given, as appropriate to such aspects as landscaping, open spaces, parking areas, loading areas, service areas, lighting, and signs.

WHEREAS, with the incorporated conditions of approval, referenced as Exhibit A herein, the project complies with the Clearlake Municipal Code.

NOW, THEREFORE, BE IT RESOLVED by the City of Clearlake – Planning Commission of the City of Clearlake that the project is hereby approved, subject to approved Conditions of Approval (Exhibit A).

PASSED AND ADOPTED on this 10th day of June 2025 by the following vote:

Planning Commissioners	AYES	NOES	ABSTAIN	ABSENT
Chair Fawn Williams				
Vice Chair Jack Smalley				
Commissioner Ray Silva				
Commissioner Chris Inglis				
Commissioner Derek Counts				

City of Clearlake – Planning Commission Chair

ATTEST: _____
City of Clearlake Clerk/Deputy Clerk

EXHIBIT A

CITY OF CLEARLAKE
CONDITIONS OF APPROVAL
CONDITIONAL USE PERMIT, CUP 2025-02
CATEGORICAL EXEMPTION, CE 2025-03
JOHNNNY SILVEIRA

Pursuant to the approval of the Planning Commission on **June 10th, 2025**, there is hereby granted to **Jonny Silveira (Red Rose Ink, LLC)**, a Conditional Use Permit CUP 2025-02 and corresponding Categorical Exemption, CE 2025-03 to allow a Tattoo Parlor located at **15140 Lakeshore Drive, Clearlake, CA 95422, further described as Assessor Parcel Number 040-330-37** is subject to the following terms and conditions of approval.

GENERAL CONDITIONS

1. The use hereby permitted shall substantially conform to the site plan(s), and project descriptions submitted with the application dated March 5th, 2025, and any conditions of approval imposed by the above Conditional Use Permit and Review Authority as shown on the approved site plan and project description for this action dated June 10th, 2025, including all requirements of the City of Clearlake Municipal Codes.
2. The applicant must comply with the city noise ordinance and ensure that sound levels are kept within acceptable limits to minimize disturbance to neighboring properties. No person shall produce any noise by any means between the hours of 10:00 p.m. and 7:00 a.m., which when measured within fifty (50') feet of any dwelling or transient accommodation exceeds 55 decibels.
3. **Prior to operation**, the applicant shall apply for and maintain an active Business License from the City of Clearlake. A copy of the Business License shall be always kept onsite.
4. **Prior to operation**, the permit holder shall meet and operate in full compliance with the fire safety rules and regulations of the Lake County Fire Protection District.
5. **Prior to installation of signage**, the applicant shall apply for and secure the required signage permits from the City of Clearlake. All signs shall adhere to all applicable Federal, State and local agency requirements.
6. The applicant shall keep a copy of the approved conditions of approval, and all associated permits (i.e. Lake County Environmental Health, Fire Department, etc.) on the premises.
7. Any conditions established pursuant to these regulations shall be met before the use is established, except that the Director, Planning Commission or on appeal, the City Council, may establish a schedule for certain conditions to be met after the establishment of the use. Continuance of the use shall then be contingent on complying with the schedule for meeting the deferred conditions.

8. The operator shall be responsible for paying all sales, use, business and other applicable taxes, and all licenses, registration, and other fees and permits required under federal, state, and local laws.
9. The applicant is responsible for ensuring that all employees including third party vendors are informed of, understand, and agree to abide by the approved project and conditions of approval.
10. All building access and bathrooms shall meet the American with Disabilities Act (ADA) requirements and must be reviewed and approved by a Certified Accessibility Access Specialist (CASP). Handicapped accessibility routes and handicapped parking spaces shall not be affected by the operation.
11. All graffiti shall be removed on any part of the property within 48 hours of its appearance.
12. All outdoor lighting shall be directed downwards and shielded onto the project site and not onto adjacent properties. All lighting shall comply and adhere to all federal, state, and local agency requirements, including all requirements in darksky.org.
13. The review authority may revoke or modify the Conditional Use Permit if the review authority finds that the use to which the permit allows is detrimental to health, safety, comfort, general welfare of the public; constitutes a public nuisance; if the permit was obtained or is being used by fraud; and/or if one or more the conditions upon which a permit was granted are in noncompliance or have been violated. Applicant shall be notified of potential violations of the use permit prior to action.
14. Any modifications and/or addition to an approved use permit, the applicant shall apply for and secure an amendment to an approved use and go before the Planning Commission. Unless the City Manager/Community Development Director can deem such addition and/or modification incidental in nature and that the intent of these regulations can be met without further use permit control.
15. This permit does not abridge or supersede the regulatory powers and permit requirements of any federal, state, or local agency requirements, which may retain a regulatory or advisory function as specified by statute or ordinance. The applicant shall obtain and maintain permits as may be required from each agency.
16. The developer/operator shall agree to indemnify, defend, and hold harmless the City or its agents, officers and employees from and against any and all claims, actions, demands or proceeding (including damage, attorney fees, and court cost awards) against the City or its agents, officers, or employees to attach, set aside, void, or annul an approval of the City, advisory agency, appeal board, or legislative body concerning the permit or entitlement when such action is brought within the applicable statute of limitations. In providing any defense under this Paragraph, the applicant, business operator, property owner, developer shall use counsel reasonably acceptable to the City. The City shall promptly notify the applicant, business operator,

property owner, developer of any claim, action, demands or proceeding and the City shall cooperate fully in the defense. If the City fails to promptly notify the developer/operator of any claim, action, or proceeding, or if the City fails to cooperate fully in the defense, the developer/operator shall not thereafter be responsible to defend, indemnify, or hold the City harmless as to that action. The City may require that the developer/operator post a bond, in an amount determined to be sufficient, to satisfy the above indemnification and defense obligation. The developer/operator understands and acknowledges that City is under no obligation to defend any claim, action, demand or proceeding challenging the City's actions with respect to the permit or entitlement.

17. All conditions are necessary to protect the general health, safety and welfare of the public. If any condition of this entitlement is held to be invalid by a court, the whole entitlement shall be invalid. The Director specifically declares that it would not have approved of this entitlement unless all conditions herein are held as valid.
18. The use permit may be transferred to new owners at the same location/use upon notifying the City Planning Department of said ownership transfer and upon the new owner's written agreement to maintain all conditions of approval.
19. Said Use Permits shall be subject to revocation or modification by the Planning Commission if the Commission finds that there has been:
 - Noncompliance with any of the foregoing conditions of approval; or
 - The Planning Commission finds that the use for which this permit is hereby granted is so exercised as to be substantially detrimental to people or property in the neighborhood of the use. Any such revocation shall be preceded by a public hearing noticed and heard pursuant to the City of Clearlake Municipal Code. 15.
20. Said Conditional Use Permit shall be subject to revocation or modification by the review authority if the review authority finds that there has been:
 - Noncompliance with any of the foregoing conditions of approval; or
 - The Planning Director finds that the use for which this permit is hereby granted is detrimental to people or property in the neighborhood of the use. Any such revocation shall be preceded by a public hearing noticed and heard pursuant to the City of Clearlake Municipal Code.
 - If the approved use is not established within one (1) year of the date of approval or such a longer time as may be stipulated as a condition of approval, the use permit shall expire.
 - Expiration of Use Permit: When a use that was allowed by approval of said permit ceases operation for one (1) year or such other time-period as specified in the conditions of approval, then reinstatement of that use will be allowed only with approval of a new use permit.

To be Completed by Authorized Representative/Applicant

ACCEPTANCE

I have read and understand the foregoing Conditional Use Permit and agree to each term and condition of approval and/or mitigation measure(s) thereof.

Name: _____

Signature: _____

Date: _____

<p><u>To Be Completed by Authorized Personnel</u></p>	
<p>Name: _____</p>	<p>Signature: _____</p>
<p>Title: _____</p>	<p>Date: _____</p>



City of Clearlake

14050 Olympic Drive, Clearlake, California 95422
(707) 994-8201 Fax (707) 995-2653

Planning Application

CONDITIONAL USE PERMIT CEQA: Categorical Exemption

CITY OF CLEARLAKE

OFFICE USE ONLY

Permit Fee	106	2,200.00
Categorical Exemption Fee	106	150.00
General Plan Maintenance Fee	226	25.00
Technology Fee (2%)	225	47.50
County Clerk Processing Fee for CE/MND (County Requirement)	106	50.00
Subtotal		2,472.50
3% CC/DC Processing Fee (\$74.18)		74.18
Total		2546.68
Date:	3/10/25	
Receipt Number:		
File Number:	CUP 20 25 -- 02	
	CE 20 25 03	

APPLICANT

NAME: Johnny Silveira
MAILING ADDRESS: 15971 43rd AVE
CITY: clearlake
STATE: CA ZIP CODE: 95422
PRIMARY PHONE: 707 350 7060
EMAIL: Shylife707@yahoo.com
SIGNATURE: John Silveira

I declare under penalty of perjury that I am the owner of said property or have written authority from the property owner to file this application. I certify that all the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROPERTY OWNER (IF NOT APPLICANT)

NAME: Tom Choy (Lakeshore Drive LLC)
MAILING ADDRESS: 170 2nd Ave
CITY: San Francisco
STATE: CA ZIP CODE: 94121
PRIMARY PHONE: 415-871-8879
EMAIL: thjholdings@gmail
SIGNATURE: _____

I declare under penalty of perjury that I am the owner of said property or have written authority from the property owner to file this application. I certify that all the submitted information is true and correct to the best of my knowledge and belief. I understand that any misrepresentation of submitted data may invalidate any approval of this application.

PROJECT LOCATION

ADDRESS: 15192 Lakeshore Dr (Unit)
ASSESSOR PARCEL NUMBERS: 040-330-370-000

PRESENT USE OF LAND: Commercial
WATER SUPPLY: ☐ PUBLIC ☐ GROUNDWATER WELL
SANITATION: ☐ PUBLIC SEWER ☐ SEPTIC SYSTEM
FLOOD ZONE: _____

OFFICE USE ONLY

ZONING DISTRICT: GO
GENERAL PLAN DESIGNATION: C
RELATED FILE NUMBERS: _____

NOTES: _____

APPROVED: _____ DATE: _____

DESCRIPTION OF PROJECT

* TATTOO Shop including custom designs, various styles like cover ups, tradition and black and grey. SKILLED TATTOO ARTIST with diverse artistic background. meeting with clients to discuss designs, placement and sizing. Strict sanitation practices including sterilized equipment, disposable needles, cartridges and adherence of local health regulations. casual atmosphere with easy going vibe. Friendly customer service to provide to the customers needs. 800 sq ft offering waiting area receptionist counter and procedure area for any one coming in for a tattoo. operational hours Between 12-8p Tuesday thru Saturday

Certificate

OF COMPLETION

IN RECOGNITION OF SUCCESSFUL COMPLETION IN:

Bloodborne Pathogens

Infectious Disease Control

Best Practices / Precautions

THIS CERTIFICATE IS PROUDLY PRESENTED TO:

Johnny Silveira

The student has successfully met the requirements for certification by completing the cognitive training and skills evaluation in the specified course in terms of NCPRF® and in accordance with the corresponding ILCOR, OSHA, and AHA®/ECC guidelines (2020).

Date: Feb 13, 2025 **Renew:** Feb 13, 2026 **ID#:** 5FDD9B **Instructor:** Paul J. Scruton



Course Provided By:
NationalCPRFoundation™

Signature: *Paul Scruton*



COUNTY OF LAKE
HEALTH SERVICES DEPARTMENT
Division of Environmental Health
922 Bevins Court, Lakeport 95453-9739
Telephone 707/ 263-1164

Jonathan P. ...
Health Services
Section F, Item 2.

Jennifer Baker
Deputy Health Services Director

Craig Wetherbee
Environmental Health Director

Hepatitis B Vaccination Declination Form

California Code of Regulations, Title 8; §5193. Bloodborne Pathogens, Appendix A - Hepatitis B Vaccine Declination

The employer shall assure that employees who decline to accept a hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM) I may be at risk of acquiring hepatitis B virus (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Date

Employee's printed name

Employee's Signature

2-20-25

Date

Johnny Silveira

Employer representative printed name

Employer representative Signature

*Our mission is to promote and protect the health of the people of Lake County through education
and the enforcement of public health laws.*



OFFICE OF
JENAVIVE HERRINGTON
LAKE COUNTY CLERK

COURTHOUSE - 255 N. FORBES ST.
LAKEPORT, CA 95453
Phone: (707) 263-2311

www.lakecountyca.gov

Space For Use of County Clerk

Section F, Item 2.

L-2025055

FILED

February 24, 2025
JENAVIVE HERRINGTON
COUNTY CLERK
LAKE COUNTY

By Ka
Deputy clerk

☒ FIRST FILING ☐ RENEWAL FILING (No Change(s) in facts from previous filing)

Previous #: _____

Expires: **02/23/2030**

☒ ID Checked

☐ Received by Mail

FILING FEES: \$40.00 For one Business Name & up to 2 Registrants - \$5.00 per each additional Business Name and/or Registrant in excess of 2.

FILE NUMBER: L-2025055

FICTITIOUS BUSINESS NAME STATEMENT

This is NOT a business license. Type or Print Clearly - MUST BE LEGIBLE

* The following person(s) is (are) doing business as:
RED ROSE INK

** Street Address (No PO Box, Postal Facility or PMB)

15971 43RD AVE

Mailing Address If Different

City	State	Zip Code	County	City	State	Zip Code	Phone Number
CLEARLAKE	CA	95422	LAKE				(707) 350-7060

IF FILING IS DONE BY OTHER THAN REGISTRANT
PLEASE PROVIDE NAME AND ADDRESS

Agent Name
Address

*** A. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

RED ROSE INK, LLC

Business Mailing Address (PO Box, Postal Facility or PMB Allowed)

15971 43RD AVE

City, State & Zip Code
CLEARLAKE, CA 95422

*** B. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

Business Mailing Address (PO Box, Postal Facility or PMB Allowed)

City, State & Zip Code

*** C. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

Business Mailing Address (PO Box, Postal Facility or PMB Allowed)

City, State & Zip Code

*** D. REGISTRANT NAME & ADDRESS

Name (Individual, Corp, LLC, General Partner, Trustee):

Business Mailing Address (PO Box, Postal Facility or PMB Allowed)

City, State & Zip Code

**** This business is conducted by

- | | | |
|---|--|--|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> A General Partnership | <input type="checkbox"/> An Unincorporated Association other than a partnership |
| <input type="checkbox"/> Co-Partners | <input type="checkbox"/> A Limited Liability Partnership | <input checked="" type="checkbox"/> A Limited Liability Company State of Organization: <u>CA</u> |
| <input type="checkbox"/> Married Couple | <input type="checkbox"/> State/Local Registered Domestic Partnership | <input type="checkbox"/> A Corporation State of Incorporation: _____ |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> A Trust | <input type="checkbox"/> A Limited Partnership State of Certificate: _____ |

***** The registrant commenced to transact business under the fictitious business name or names listed above on:

Note: Cannot be a future date

N/A

(Month/Day/Year or N/A)

Print Name of Person Signing. If Corporation, Name of Corporation & Corporate Officer Title. If LLC, Name & Officer Title (Officer, Manager or Managing Member only)

JOHNNY J SILVEIRA-OWNER

Signature of Registrant/Corporation Officer/LLC Officer, Manager or Managing Member
I declare that all information in this statement is true and correct. (A registrant who declares as true information, which the registrant knows to be false, is guilty of a misdemeanor.)

NOTICE—IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT, AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE BUSINESS MAILING ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION.

THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).



CERTIFICATION
I HEREBY CERTIFY THAT THIS COPY IS A
CORRECT COPY OF THE ORIGINAL
STATEMENT ON FILE IN MY OFFICE.

JENAVIVE HERRINGTON - COUNTY CLERK

BY: Ka

DEPUTY CLERK

Business and Professions Code Section**17913: *** Where one asterisk appears in the

- form: (a) Insert the fictitious business name or names
 (b) Only those businesses operated at the same address and under the same ownership may be listed on one statement

****** Where two asterisks appear in the form:

- (a) If the registrant has a place of business in this state, insert the **street address and county** of his or her **principal place of business** in this state
 (b) If the registrant has no place of business in this state, insert the **street address and county** of his or her **principal place of business** outside this state and file with the Clerk of Sacramento County (B&P 17915)
 (c) Mail Box and Post Office Box Numbers are **not acceptable** as a business address when used alone without a street address

******* Where three asterisks appear in the form:

- (a) If the registrant is an **individual**, insert his or her full name and business mailing address
 (b) If the registrants are a **married couple**, insert the full name and business mailing address of both parties to the marriage
 (c) If the registrant is a **general partnership, copartnership, joint venture, limited liability partnership, or unincorporated association other than a partnership**, insert the full name and business mailing address of each general partner
 (d) If the registrant is a **limited partnership**, insert the full name and business mailing address of each general partner
 (e) If the registrant is a **limited liability company**, insert the name and address of the limited liability company, as set out in its articles of organization on file with the CA Secretary of State, and the state of organization
 (f) If the registrant is a **trust**, insert the full name and business mailing address of each trustee
 (g) If the registrant is a **corporation**, insert the name and address of the corporation, as set out in its articles of incorporation on file with the CA Secretary of State, and the state of incorporation
 (h) If the registrants are **state or local registered domestic partners**, insert the full name and business mailing address of each domestic partner

******** Where four asterisks appear in the form:

- (a) Check whichever of the terms listed on the front of the form best describes the nature of the business

********* Where five asterisks appear in the form:

- (a) Insert the date on which the registrant first commenced to transact business under the fictitious business name or names listed, if already transacting business under that name or names
 (b) Insert N/A if you have not yet commenced to transact business under the fictitious business name or names listed

Business and Professions Code Section**17914** The statement shall be signed as

- follows: (a) If the registrant is an individual, by the individual
 (b) If the registrants are a married couple, by either party to the marriage
 (c) If the registrant is a general partnership, limited partnership, limited liability partnership, copartnership, joint venture, or unincorporated association other than a partnership, by a general partner
 (d) If the registrant is a limited liability company, by a manager or officer
 (e) If the registrant is a trust, by a trustee
 (f) If the registrant is a corporation, by an officer
 (g) If the registrant is a state or local registered domestic partnership, by one of the domestic partners

Business and Professions Code Section 17915

The fictitious business name statement **shall** be filed with the clerk of the county in which the registrant has his or her **principal place of business** in this state or, if the registrant has no place of business in this state, with the Clerk of Sacramento County. Nothing in this chapter shall preclude a person from filing a fictitious business name statement in a county other than that where the principal place of business is located, as long as the requirements of this subdivision are also met.

Business and Professions Code Section 17917

Publication for Original, New Filings (renewal with change in facts from previous filing), or Refile

- (a) Within 45 days after a fictitious business name statement has been filed, the registrant shall cause it to be published in a newspaper of general circulation in the county where the fictitious business name statement was filed or, if there is no such newspaper in that county, in a newspaper of general circulation in an adjoining county. If the registrant does not have a place of business in this state, the notice shall be published in a newspaper of general circulation in Sacramento County. The publication must be once a week for four successive weeks and an affidavit of publication must be filed with the county clerk where the fictitious business name statement was filed within 45 days after the completion of the publication.
 (b) If a refiling is required because the prior statement has expired, the refiling need **not** be published, unless there has been a change in the information required in the expired statement, provided the refiling is filed **within** 40 days of the date the statement expired.

Business and Professions Code Section**17922** Abandonment of Fictitious Business

Name (a) Upon ceasing to transact business in this state under a fictitious business name that was filed in the previous five years, a person who has filed a fictitious business name statement **shall** file a statement of abandonment of use of fictitious business name. The statement shall be executed and published in the same manner as a fictitious business name statement and **shall** be filed with the county clerk of the county in which the person has filed his or her fictitious business name statement.

Business and Professions Code Section 17930

Any person who executes, files, or publishes any statement under this chapter, knowing that such statement is false, in whole or in part, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not to exceed one thousand dollars (\$1,000).



Supplemental Data for Use Permit

Please answer the following questions as thoroughly as possible. If questions do not apply to your project, please provide an explanation of why. Use separate sheets of paper if necessary. **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CITY OF CLEARLAKE - PLANNING DIVISION.**

Description of objective of project and its operational characteristics:

Type of Business: Tattoo Shop

Product or service provided: Permanent tattoos

Hours of operation: 12p-8p Days of operation: Tue-Sat

Number of shifts (normal): 1 Number of shifts (peak): 1

Employees per shift (normal): 1 Employees per shift (peak): 1

Number of deliveries per day: 0 Number of customer per day: 5

Number of pick-ups per day: 0 Lot size: 1600 sqft

Number and type of company Vehicles: 0 Type of loading facilities: N/A

Floor area of existing structures: 800 ~~1600~~ sqft Proposed building floor area: 800 ~~1600~~ sqft

Number of existing parking spaces: 50 Number of proposed parking spaces: 2-3

Number of floors: 1

Additional relevant information: _____

Supplemental Data Continued)

When do you anticipate starting construction?

N/A

How long will construction take?

N/A

What days/times will construction occur?

N/A

What type of construction equipment will be used?

N/A

How many truck/vehicle trips will be necessary for construction?

N/A

Will equipment be idling during construction?

N/A

Where will construction equipment be staged/stored?

N/A

Will any trees or vegetation be removed? If yes, please provide type and amounts.

NA

Supplemental Data (Continued)

How much grading is anticipated to occur and where?

NA

Will soil be imported or exported to/from the site? If so from where and what amount?

NA

Is trenching required? If yes, please provide location, dimensions and cubic yards.

NA

How much water will be used for construction, operation and maintenance? What is the water source?

NA

Describe how scenic views or vistas are impacted by the cultivation site.

NA

What lighting is proposed for the project? Will areas be lit at night?

NA

What type of hazardous materials may and/or will occur on site? How will the hazardous material be disposed of?

medical waste service in clearlake

as needed - tattoo cartridges disposed of in biohazard waste bins

Supplemental Data for (Continued)

Will this project result in the loss of forest land? If so, describe how many acres and what type of trees.

NA

How will dust, ash, smoke, fumes or odors generated by the cultivation site be managed?

NA

Are there any water features (drainages, streams, creeks, lakes, rivers, vernal pools, wetlands, etc.) on-site or immediately adjacent to the project? If yes, will any work take place in or near them?

NA

Will there be a loss of any wetland or streamside vegetation? If yes, describe where, total area, and type of vegetation lost.

NA

Describe and site or buildings have any archaeological or historical significance.

NA

What are the slopes on project site?

NA

Supplemental Data (Continued)

Describe the soils found at the site and their potential for landslides, erosion, lateral spreading, subsidence, liquefaction, or collapse.

NA

Describe methods to be taken to reduce greenhouse gases.

NA

Will solid waste be produced? If yes, how will it be disposed of?

NA

Will hazardous waste be produced? If yes, how will it be disposed of?

NA

How will vegetative waste be managed?

NA

How will growth medium waste be managed?

NA

Will any material be taken to a landfill? If yes, which one and how much material is anticipated?

NA

Supplemental Data (Continued)

Describe risk of an explosion or release of hazardous substances in case of an accident.

NA

Do portions of the cultivation site periodically flood?

NA

Describe the existing drainage patterns on the site and how they may be alternated and to what degree as a result of this project.

NA

What Best Management Practices (BMP's) or measures will be implemented in order to prevent erosion and impacts to water quality?

NA

Is wastewater treatment required for the project? If yes, what is the source?

NA

Describe how this project is consistent with the City's General Plan and Zoning Ordinance.

In Proper zone for tattooing

Describe the level and frequency of noise or vibration that will be generated from this project.

NA

Supplemental Data for Initial Study (Continued)

Describe what measures have been taken to maintain or improve level of service for the appropriate emergency services (Fire, Police, etc.).

blood borne pathogens certificate
practitioners license

How is the site accessed?

front door

Describe the amount of traffic the project will generate.

10 STA 5-10 people DAILY

Are there any road improvements that would be required? If yes, please provide specs (type of materials and dimensions).

NA

Describe if this project will result increased traffic hazards to motor vehicles, bicyclists, or pedestrians?

it would bring motor vehicles but the parking area is more than enough

Are greenhouses or other accessory structures proposed? If yes, what are the dimensions of the structures and materials/colors they will be constructed out of?

NA

What sources of energy will be used?

Just utilities "PGE"

Body Art Facility Infection Prevention And Control Plan Guideline

In accordance with the California Health and Safety Code, Section 119313, a body art facility shall maintain and follow a written Infection Prevention and Control Plan, provided by the owner or established by the practitioners, specifying procedures to achieve compliance with the Safe Body Art Act. A Copy of the Infection Prevention and Control Plan shall be filed with the Local Enforcement Agency and a copy maintained in the body art facility.

The body art facility owner shall provide onsite training on the facility's Infection Prevention and Control Plan to the body art practitioners and employees or individuals involved with decontamination and sterilization procedures.

Training shall be provided when tasks where occupational exposures may occur are initially assigned, anytime there are changes in the procedures or tasks and when new technology is adopted for use in the body art facility, but not less than once each year. Records of training shall be maintained on-site for three years.

The Infection Prevention and Control Plan shall be maintained current and updated whenever there are changes to any of the procedures or tasks listed and when new technology is adopted for use in the facility.

Name of Body Art Facility: Red Rose Ink

Site Address: 15192 Lakeshore Dr

City, State, ZIP: Clearlake CA 95422

Type of Body Art Facility: Tattoo Shop

Contact Person: Johnny Silva

Telephone: 707 350 7060

Body Art Facility Infection Prevention And Control Plan Guideline

A. Decontamination and Disinfection: Describe the procedures for decontaminating and disinfecting of workstation and surfaces (California Health and Safety Code 119308 (b) and 119309 (a)(b)(c)(d)(e)).

1. Workstation surfaces/counter tops:

First thoroughly clean the area with Bleach mix water
than wipe down with medical grade Disinfectant
"MonaCide" or "Cavacide"

2. Workstation chairs/stools:

spray with medical grade Disinfectant for appropriate
time and wipe down after time frame.

3. Trays:

spray with medical grade Disinfectant, LET SIT
for appropriate time and wipe down after
thoroughly

4. Armrests:

thoroughly spray with medical grade Disinfectant
or Bleach & water, wipe down thoroughly

5. Headrests:

thoroughly spray area with medical grade
Disinfectant or Bleach & water, wipe down
thoroughly

6. Procedure area:

thoroughly clean the area with soap & water
solution, than medical Disinfectant or 70%
isopropyl alcohol to Kill Bacteria

7. Tables:

spray with medical grade Disinfectant
or Bleach & water, wipe down thoroughly

Body Art Facility Infection Prevention And Control Plan Guideline

8. Tattoo machine and Clip Cord:

Clean machine & cord with medical grade
disinfectant & or Bleach and water, wipe
down thoroughly

9. Reusable instruments, calipers, needle tubes, etc. portable light fixtures or other:

my machine will use disposable needle cartridges
proper procedure would be STEAM STERILIZATION
with autoclave IF REUSING NEEDLES, TUBES ECT

10. Permanent Cosmetic Machine:

clean with medical grade disinfectant
and wipe down thoroughly

- B. Reusable Instruments or Disposable:** Describe the procedures used for decontaminating, sterilizing, packaging and storing of reusable instruments. Include the procedures for labeling of sterilized peel-pack. Indicate whether the body art facility uses all pre-sterilized, single-use and disposable instruments. Describe the record keeping logs and procedure logs maintained on-site when using 100% pre-sterilized, single-use and disposable instruments (California Health and Safety Code 119309 and 119315).

1. Needle tubes:

thoroughly clean using steam autoclave, package
with sterilized peel pack with date of 1st
sterilization and instrument identity

2. Calipers:

properly spray with Bleach & water, wipe
down thoroughly

3. Other instruments:

Disposable instrument will go in sharp
container & proper Biohazard Bin or
container

also store all pre sterilized instruments
and machines ect in clean dry environment

Body Art Facility Infection Prevention And Control Plan Guideline

- C. Storage:** Describe the storage location and equipment used for the storage of clean and sterilized instrument peel packs to protect the packages from exposure to dust and moisture (California Health and Safety Code 119315 (c)).

Storage area must be clean from any debris
DUST, water free environment to prevent
DAMAGE

- D. Set Up and Tear Down of Workstation:** Describe the procedure for setting up and tearing down the workstation for the following procedures (California Health and Safety Code 119308, 119309 (c), 119311, and 119313 (b)(4)).

1. Tattoo:

always wear clean gloves and clean the clients
SKIN for tattoo design.

2. Piercing:

Disinfecting piercing site on client. 100%
Sterilized equipment. After procedure dispose
of materials in Biohazard container & sterilize

3. Permanent Cosmetics:

wear protective gear like gloves & masks. thoroughly
Disinfect area before procedure. All sharps in
Biohazard container. Sterilize autoclave instruments

4. Branding:

properly sterilize area & instruments being used
dispose any Biohazard material after and
Sanitize equipment & or instruments

- E. Prevention of Cross Contamination:** Describe the techniques used to prevent the contamination of instruments, tattoo machines, trays, tables, chairs, clip cords, power supplies, squeeze bottles, inks, pigments, lamps, stools, soaps, procedure sites and additional areas of potential contamination during body art procedures. Include barriers provided to prevent cross contamination. Describe how procedure sites are prepared for a body art procedures. (California health and Safety Code 119308, 119309, and 119311 (c)(d)(e)(f)).

always sterilize Before procedure, use appropriate
P.P.E. gloves masks ect. constantly switch out
gloves when cleaning keeping in mind one
clean hand so you don't cross contaminate

Body Art Facility Infection Prevention And Control Plan Guideline

E. Prevention of Cross Contamination (Continued):

Always use Bleach & water & medical grade
Disinfectants when cleaning trying not to
cross contaminate while wiping and spraying

F. Sharps Containers: Describe the procedures used for the safe handling of sharps and indicate the location of the in-use sharps containers. Indicate disposal frequency for sharps waste (California Health and Safety Code 119314 (e)).

Keep container upright and within reach properly
label, replace empty container when almost
Full

G. Sharps Disposal: Describe the disposal of sharps used during a body art procedure (California Health and Safety Code 119308 (b)(3) and 119311 (g)).

1. Needles and needle bars:

placing them in a dedicated sharps
container and when Full drop them off
at designated sharp disposal site.

2. Razors:

place them in sharps container and HAVE picked
up or dropped off at Designated sharp disposal
site

3. Other sharps or single-use marking pens used on open skin:

all sharps are put in sharps container and
dropped off at appropriate disposal site

H. List the Medical Waste Hauler, Mail-back System or Alternative Treatment Technology used for the disposal of sharps containers (California Health and Safety Code 119314 (e)):

call medical facilities and ask as well

Medical Waste Hauler: medical waste pros

Street Address: 14855 lakeshore dr

City, State, ZIP: Clearlake Ca 95422

Body Art Facility Infection Prevention And Control Plan Guideline

- I. Sterilization of Jewelry:** Describe the procedure used for the sterilization of jewelry prior to placing into newly pierced skin (California Health and Safety Code 119310 (a) and 119315).

properly disinfect before with soap water
and then rubbing alcohol

- J. Sterilization room:** Describe the procedure used for decontaminating instruments prior to placing them into the autoclave. Indicate whether instruments are manually washed or machine washed, such as with an Ultrasonic machine. Describe the material used for soaking dirty instruments in the machine, such as Tergazyme (California Health and Safety Code 119309 (b)(e)(g), 119314 (c), and 119315 (b)).

thoroughly clean them with brushes or cloth,
thoroughly dry them before placing in autoclave
a concentrated Tergazyme-active Detergent use for
instruments

- K. Disinfection Products:** List the disinfectant products used at the body art facility (California Health and Safety Code 119301 (k) and 119308 (b)(6)).

Bleach & water, alcohol, soap, medicide, cavacide

- L. Time and Temperature:** List the temperature of the autoclave and duration of time at that temperature required for the sterilization of clean instruments. Indicate where the sterilization log is maintained on-site. Indicate whether each sterilization load is tested using Class 5 integrators (California Health and Safety Code 119315 (b)(3)(5)).

Time: Atleast 30 min

Temperature: 121°C (250°F)

Psi: 15 lbs per sq inch

- M. Personal Protective Equipment:** List the personal protective equipment used during a body art procedure for the practitioner and the client (California Health and Safety Code 119308 (a) and 119309 (i)).

gloves, MASKS, or eye protection

- N. Handwashing Sink:** List the locations of the handwash sinks and describe the items supplied at each sink (California Health and Safety Code 119314 (b)(3)).

Handwash station to be accessible with Hot
and cold water soap and paper towels

Body Art Facility Infection Prevention And Control Plan Guideline

- O. Aftercare Procedure:** Describe the written recommendation and care information provided to the client after a body art procedure. List the type of bandages or wrapping provided after a body art procedure (California Health and Safety Code 119309 (a)(b)(c)).

apply a thin layer of aftercare ointment. I
like to use Saniderm which is a protectant
second skin to avoid picking or bacteria

- P. Procedure for an Accidental Spill:** Describe the clean-up and disinfection procedure taken when there is an accidental spill of sharps (California Health and Safety Code 119309 (a)(b)(c)).

Secure the area to prevent others from touching.
Pick up with tongs and place in sharps container.
and sterilize area

- Q. Trash Receptacles and Disposal of Contaminated Trash:** List the type of trash receptacles used and their location throughout the body art facility. Describe the procedure for the disposal of contaminated items, such as gloves (California Health and Safety Code 119311 (a) and 119314 (d)).

standard lined trash cans at each station for
general waste gloves thrown in trash or
Biohazard container.

- R. Negative/Failed Spore Test:** Describe the procedure conducted when a monthly spore test has failed. Indicate where the facility maintains a spore test log on-site (California Health and Safety Code 119315 (b)(2)(4)).

Immediately remove the sterilizer from
service, repeat test if failed it needs to
be repaired or serviced

- S. Commercial Ink or Pigment Manufacturers:** List the manufacturer(s) for the inks or pigments used at the facility. Describe the procedure for dilution of inks. Only sterile water should be used for dilution of inks or pigments (California Health and Safety Code 119311 (b)(c)(d)(e)).

Premixed inks only, Greenscap mixture with
distilled water

Body Art Facility Infection Prevention And Control Plan Guideline

- T. Permanent Cosmetic Machine Name and Manufacturer:** Provide the model name and number for the permanent cosmetic machine(s) used (California Health and Safety Code 119311 (i)(j)).

N/A

- U. Service Animals:** Describe the facility's policy regarding service animal presence in procedure, decontamination, and sterilization areas (California Health and Safety Code 119314 (f)).

Use germicidal and or medicide, soap and water to disinfect area from debris and germs

Maintain a copy of this completed document in your files. Submit one copy to the Local Enforcement Agency.

I hereby certify that all body art practitioners performing body art at this facility and employees or individuals involved with decontamination and sterilization procedures have been trained with the procedures and information contained in this document. To the best of my knowledge and belief, the statements made herein are correct and true.

Signature:

[Handwritten Signature]

Date:

2-20-25

Title:

shop owner

Sterilization Procedures

When a body art facility is equipped with a decontamination and sterilization room and will be sterilizing reusable instruments and body art jewelry, the following sterilization procedures must be followed:

1. Clean instruments to be sterilized shall first be sealed in peel-packs that contain either a sterilizer indicator or internal temperature indicator. The outside of the pack shall be labeled
2. Sterilizers shall be loaded, operated, decontaminated and maintained according to manufacturer' directions, and shall meet all of the following standards:
 - Only equipment manufactured for the sterilization of medical instruments shall be used.
 - Sterilization equipment shall be tested using a commercial biological indicator monitoring system after the initial installation, after any major repair, and at least once per month. The expiration date of the monitor shall be checked prior to each use.
 - Each sterilization load shall be monitored with mechanical indicators for time, temperature, pressure, and at a minimum, class V integrators. The Class V integrator gives an immediate response on whether the sterilization has been achieved. Each individual sterilization pack shall have an indicator.
 - Biological indicator monitoring test results shall be recorded in a log that shall be kept on site for two years after the date of the results.
 - A written log of each sterilization cycle shall be retained on site for two years and shall include all of the following information:
 - The date of the load.
 - A list of the contents of the load.
 - The exposure time and temperature.
 - The results of the Class V integrator.
 - For cycles where the results of the biological indicator monitoring test are positive, indicate how the items were cleaned, and proof of a negative test before reuse.
3. Clean instruments and sterilized instrument packs shall be placed in clean, dry, labeled containers, or stored in a labeled cabinet that is protected from dust and moisture. Use clean gloves to handle sterilized packages to prevent cross contamination of the sterilized item when the package is opened for use.
4. Sterilized instruments shall be store in the intact peel-packs or in the sterilization equipment cartridge until time of use.
5. Sterile instrument packs shall be evaluated at the time of storage and before use. If the integrity of a pack is compromised, including, but not limited to, cases where the pack is torn, punctured, wet or displaying any evidence of moisture contamination, the pack shall be discarded or reprocessed before use.

Sterilization Procedures

6. A body art facility that does not afford access to a decontamination and sterilization area that meets the standards of subdivision (c) of Section 119314 of the California Health and Safety Code or that does not have sterilization equipment shall use only purchased disposable, single-use, pre-sterilized instruments. In place of the requirements for maintaining sterilization records, the following records shall be kept and maintained for a minimum of 90 days following the use of the instruments at the site of practice for the purpose of verifying the use of disposable, single-use, pre-sterilized instruments:
- A record of purchase and use of all single-use instruments
 - A log of all procedure, including the names of the practitioner and client and the date of the procedure.

Operating Conditions for Autoclave

Cleaning: Remove all material on the instruments during the cleaning process to ensure that the sterilization process is achieved. The cleaning process can be a manual cleaning or by use of an ultrasonic machine.

Packaging: Package the instruments with hinges in the open position to ensure that the ridges and crevices of the instruments are sterilized.

Loading: Load the autoclave with the packages upright on their sides. Peel packs should be on edge with the plastic side next to a paper side to allow for steam penetration. Do not overload the autoclave to allow proper flow of the steam to achieve sterilization.

Steam Sterilization: Temperature should be 121° C or 250° F; pressure should be 106kPa (15lbs/in²); 30 minutes for packaged items. At a higher temperature of 132° C or 279° F, pressure should be 30 lbs/in²; 15 minutes for packaged items.

Allow all items to dry before removing them from the autoclave. Use clean gloves to handle packaged items.

Pressure settings (kPa or lbs/in²) may vary slightly depending on the autoclave used. Follow manufacturer's recommendations for your autoclave.

Exposure time begins only after the autoclave has reached the target temperature.

Source: *Adopted from Principles and Methods of Sterilization in Health Sciences.*
JJ Perkins. 1983

Sterilization Log

[illegible]

Attachment 2

Room/Area Materials and Finishes

ROOM OR AREA	FLOOR	WALLS
Example: Restroom	Smooth quarry tile	Gypsum board; smooth; semi-gloss paint Swiss coffee
Restroom	water proof vinyl stain resistant non pores	semi gloss
Procedure Areas	water proof vinyl stain resistant, non pores	semi gloss
Decontamination and Sterilization Room	water proof vinyl — stain resistant non pores	semi gloss
Body Piercing Room	N/A	N/A
Drawing/Stencil Area	water proof vinyl stain resistant non pores	semi gloss
Reception and Waiting Area	water proof vinyl stain resistant non pores	semi gloss

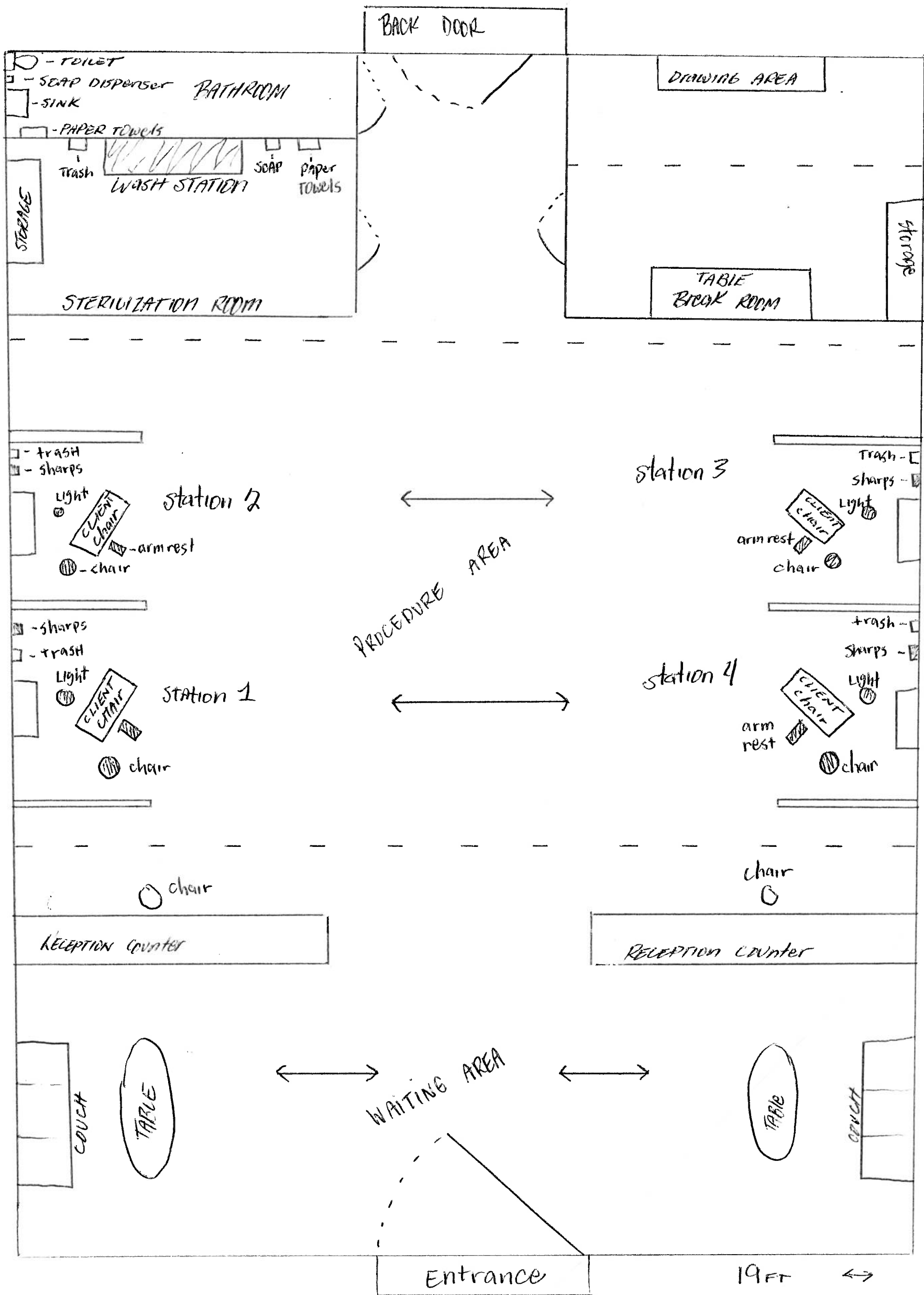
Equipment Information – Part One

ROOM OR AREA	LOCATION	MANUFACTURER	MODEL NUMBER
Example:			
Autoclave	N/A		
Ultrasonic Machine	N/A		
Permanent Cosmetic Machine	N/A		
Water Heater Capacity: gal.			

Note: Please provide specification sheets for all equipment.

Equipment Information – Part Two

ROOM OR AREA	DESCRIPTION OF MATERIAL
<i>Example: Restroom</i>	
Practitioner Chair	Hard Alloy, stainless steel. high density foam for comfort. artificial leather, water proof for easy cleaning.
Client Chair	Alloy, stainless steel. high density foam, artificial leather, water proof for easy cleaning. stand still and adjustable
Piercing Table	N/A
Stool	aluminum and high density foam, artificial leather for easy cleaning and adjustable
Arm Rest	Alloy, stainless steel. High density foam for comfort. artificial leather easy to clean.
Mayo Trays	Alloy and stainless steel easy to clean
Counters	wood, stainless steel easy to clean
Storage Cabinets	plyable wood & stainless steel
Disposable Instruments	tattoo cartridge: sterile single use container holds preassembled needles made of medical grade stainless steel with a plastic housing. Boiled in membrane to prevent ink from flowing back into machine



From: [Lori Baca](#)
To: [Mark Roberts](#)
Subject: RE: RFR - Conditional Use Permit (CUP 2025-02) - 15192 Lakeshore Drive
Date: Friday, March 14, 2025 9:09:33 AM
Attachments: [image003.png](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Mark,

The address is an actively billed sewer account within LACOSAN and the proposed changes may not require any additional fees to be paid to the District, however, I would like the owner of the shop to know the types of wastes that are prohibited to be discharged into the wastewater system.

Please see the link to the Sewer Use Ordinance below:

https://library.municode.com/ca/lake_county/codes/code_of_ordinances?nodeId=COOR_APXASEUSORLACOSADI_ARTVIUSPUSE_S602TYWAPR

Happy Friday!

Lori A. Baca
Customer Service Supervisor
Lori.Baca@lakecountyca.gov
Office Number (707) 263-0119
Fax (707) 263-3836



From: Mark Roberts <mroberts@clearlake.ca.us>
Sent: Thursday, March 13, 2025 11:10 AM
Subject: RFR - Conditional Use Permit (CUP 2025-02) - 15192 Lakeshore Drive

Good Morning All,

This email is to inform you the opportunity to provide comments on Conditional Use Permit, CUP 2025-02 to allow a tattoo shop located at 15192 Lakeshore Drive. There will be no changes in the footprint of the building, however the applicant may secure the proper Building Permits for tenant improvements. According to the applicant, the anticipated hours of operation would be from 12:00pm to 8:00pm Tuesday through Saturday. Please refer to the enclosed packet for details and submit all comments no later than April 4th, 2025.



COUNTY OF LAKE
Health Services Department
Environmental Health Division
922 Bevins Court
Lakeport, California 95453-9739
Telephone 707/263-1090
FAX 707/263-4395

Craig Wetherbee
Environmental Health Director

Promoting an Optimal State of Wellness in Lake County

Memorandum

DATE: March 19, 2025
TO: Mark Roberts, Senior Planner
FROM: Cheryl Bennett, Senior EHS
RE: CUP 2025-02 For a tattoo shop
APN: 040-330-18

Environmental Health Division is requiring:

- 1.) For a location that has not been previously permitted for body art, submittal of plans (existing, new construction or remodeling), documents and associated fees are required. Plans must be submitted to and approved by Environmental Health (EH) prior to construction, opening your facility, obtaining building, plumbing or electrical permits (if applicable). Once approved by EH and an inspection will be conducted before new facility may be used for performing body art.
- 2.) The owner of the facility must apply and pay fees for the Annual Facility permit.
- 3.) If the owner is also going to perform body art, they must submit appropriate documents, registration form, and associated fees, for the Annual Practitioner Registration.
- 4.) Each practitioner must submit appropriate documents, registration form, and associated fees, for the Annual Practitioner Registration.





City of Clearlake
Planning Commission

STAFF REPORT	
SUBJECT: Conditional Use Permit, CUP 2025-03 Categorical Exemption, CE 2025-04	MEETING DATE: June 10, 2025 6:00 p.m.
SUBMITTED BY: Michael Taylor, Associate Planner	
REPORT PURPOSE: <input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Discussion <input type="checkbox"/> Information Only	
LOCATION: 14270 Lakeshore Drive Clearlake, CA 95422	APPLICANT: Musaed S. Alagi (Smoky Lake)
APN: 040-091-14	PROPERTY OWNER: Omar Musaed Alagi
ZONING: Downtown Commercial (CD)	GENERAL PLAN: Commercial

WHAT IS BEING ASKED OF THE PLANNING COMMISSION:

The Planning Commission is being asked to consider Conditional Use Permit, CUP 2025-03, and corresponding environmental filing, Categorical Exemption, CE 2025-04 to allow tobacco sales (Business) within an existing commercial building located at 14270 Lakeshore Drive, Clearlake, CA further described as Assessor Parcel Number 040-091-14.



BACKGROUND

The proposed Business is situated on a lot of approximately 5,200 square feet, fronting the Lakeshore Drive commercial corridor. The property includes a single building with an estimated floor area of 1,900 square feet, configured as one large tenant space. Surrounding land uses are predominantly commercial and include a mix of resorts, retail establishments, auto repair shops, entertainment venues, professional offices, and similar services. The most recent use of space was an electronics retail and service business.

Surrounding Uses

Within 300 feet of the project site, medium-density residential land use is located to the northeast, across Pearl Avenue. Downtown commercial uses are situated adjacent to the side and rear property lines of the subject parcel, with additional commercial development located directly across Lakeshore Drive. Austin Park and Burns Valley Elementary School are approximately 1,700 feet to the north, while Redbud Park lies about 2,800 feet to the south, as the crow flies.

Access and Parking

Primary vehicle and pedestrian access to the site is provided from Lakeshore Drive, which offers approximately 50 feet of street frontage. Parking is available directly off Lakeshore Drive and includes three standard perpendicular spaces, along with one perpendicular accessible space.

BUSINESS OPERATION

The applicant is requesting a Use Permit to establish and operate a retail smoke shop in an existing commercial tenant space located within a one-story building approximately 1,900 square feet in size. The business will primarily engage in the retail sale of tobacco products and tobacco-related accessories, which will occupy approximately 70% of the floor area. The remaining 30% of the store will feature a variety of general merchandise not related to tobacco (Attachment B).

Tobacco-related inventory includes cigarettes, cigars, rolling papers, lighters and matches, ashtrays, humidors, and batteries and chargers for smoking accessories. The general merchandise section will offer items such as t-shirts, hats, sunglasses, keychains, candles, incense, small electronics (e.g., headphones, speakers, phone chargers), as well as personal care items and decorative goods.

The applicant anticipates an average customer traffic of 10 to 15 customers per day. The proposed hours of operation are Monday through Sunday from 10:00 a.m. to 7:00 p.m. The business will be staffed during all open hours, and the applicant emphasizes a commitment to providing courteous and respectful service to customers.

The building is currently improved with standard electrical, plumbing, and interior wall configurations, and the applicant has indicated that no interior or structural tenant improvements are proposed at this time. The layout includes product display shelving, a shared restroom for customers and staff, and an emergency exit in addition to the main entrance.

The site provides a total of four (4) off-street parking spaces immediately adjacent to the tenant space—three (3) standard spaces and one (1) accessible space compliant with ADA requirements.

Security measures will include a surveillance system for customer and staff safety. No on-site smoking lounge is proposed as part of this application, and the applicant has confirmed that such use is not being considered in the future. A business sign is not currently proposed as part of this application and may be submitted for review under a separate sign permit.

AGENCY REVIEW

A request for review (RFR) was distributed by email on October 24, 2024, to the following city departments and agencies, and asked to provide comments.

- City of Clearlake Departments: Building, Code, Police
- Agencies: Lake County Fire, Highlands Water, Lake County Environmental Health, Special Districts

During the review period comments were received (Attachment D).

CLEARLAKE REGUALTIONS

Land Use

Pursuant to Chapter 18-18 (Use Regulations), Section 18-18.010(b) – Uses Allowed by Zones: Interpretation of Use Listing, the Zoning Ordinance authorizes the Community Development Director to determine whether a use not explicitly listed in the use regulations is sufficiently similar in character and function to other permitted or conditionally permitted uses within the zone. This interpretation process is subject to appeal under Article 18-36.

Retail smoke shops focused on tobacco sales are not expressly listed in the zoning ordinance. However, such uses are functionally similar to other specialty retail uses permitted or conditionally permitted in commercial zones, particularly where the sale of regulated goods requires case-by-case review. Based on the nature of the proposed use, the Community Development Director has determined that this smoke shop use, due to its focus on the sale of tobacco products and accessories, may be allowed subject to a Use Permit, in accordance with Section 18-18.010(b).

The property is zoned Downtown Commercial Mixed-Use (CD) Zone and is intended to provide for a wide range of retail sales, service and entertainment uses meeting community-wide and regional market demands and a variety of housing types including affordable workforce housing. The CD Zone is intended to be applied within the City’s main commercial district (Attachment C).

Tobacco Sales

Ordinance No. 272-2024

Ordinance No. 272-2024 establishes a local tobacco retailer licensing program in the City of Clearlake to strengthen enforcement of tobacco control laws and protect public health, particularly among youth and underserved communities. The ordinance is based on findings that tobacco use remains the leading cause of preventable death in the U.S. and that flavored tobacco products and lax enforcement contribute to rising youth usage.

The ordinance affirms that a local licensing system is an appropriate and necessary tool for ensuring retailer compliance with federal, state, and local tobacco regulations. It emphasizes that such a system will not unduly burden lawful businesses but will enhance the City’s ability to monitor retail practices and prevent sales to underage individuals. The ordinance aligns with California law and incorporates state public health goals, including the prohibition of flavored tobacco products, the need for strong age verification procedures, and restrictions on product marketing.

The City authorizes the Lake County Department of Public Health to administer the licensing program on its behalf while retaining authority for local enforcement. The ordinance supports a collaborative approach between the City and County in regulating tobacco sales, with the intent to reduce access to harmful products and ensure compliance with business standards and public health protections.

Municipal Code

Pursuant to Chapter 6-10, Section 6-10.102, General Requirements and Prohibitions, tobacco retailing within the City of Clearlake is subject to specific operational standards and licensing requirements. All businesses engaged in the sale of tobacco products must obtain and maintain a valid tobacco retailer’s license for each location, and operating without such a license is considered a legal nuisance. Retailers must comply with all applicable local, state, and federal laws governing the sale of tobacco products. Smoking, including sampling of tobacco products, is strictly prohibited inside the store and within twenty-five (25) feet of the business exterior. Sales of tobacco products to individuals under twenty-one (21) years of age are prohibited, and identification must be verified using government-issued photo ID. A valid tobacco retailer license must be displayed prominently and visibly within the store. Self-service displays of tobacco products are not permitted; all tobacco merchandise must be stored in a secure area behind the counter or otherwise inaccessible to the general public. Additionally, tobacco products may not be displayed within five (5) feet of youth-oriented items such as toys, candy, snacks, or nonalcoholic beverages. Finally, all sales must occur in person at the licensed location; delivery or third-party sales are not permitted.

The proposed smoke shop is consistent with local requirements for tobacco retailers. The applicant has acknowledged that all tobacco sales will be conducted in-person at the store, and no delivery or online sales are proposed. The business does not include a smoking lounge, and no on-site smoking or sampling of tobacco products will occur,

consistent with regulations prohibiting smoking in and around tobacco retail locations. The applicant has also confirmed that age verification will be conducted using photo ID to ensure compliance with the minimum sales age of 21. Product shelving will include tobacco and accessories stored behind the counter, in accordance with the prohibition on self-service displays. During business license or occupancy inspection, staff will confirm that tobacco displays are not placed near youth-appealing items such as candy or beverages. A valid tobacco retailer's license must be obtained and displayed prior to opening, and ongoing compliance with local, state, and federal tobacco laws will be required. As proposed, the business appears capable of complying with all applicable tobacco retailing regulations.

Pursuant to Chapter 6-10, Section 6-10.103, Sale of Flavored Tobacco Products Prohibited, it is unlawful for any tobacco retailer in the City of Clearlake to sell flavored tobacco products. A flavored tobacco product is defined as any product with a taste or smell other than tobacco, including those with fruit, candy, mint, menthol, vanilla, or other distinct flavoring. Any public claim made by the product manufacturer or distributor that a tobacco product has a non-tobacco taste or aroma is considered presumptive evidence that the product is flavored, even if the packaging does not explicitly list a flavor. The intent of this regulation is to restrict the sale of products that may appeal to minors or obscure the health risks associated with tobacco.

The applicant has stated in the application that the business will sell only regular cigarettes and cigars without flavors, consistent with the City's prohibition on flavored tobacco products. No flavored items are proposed as part of the inventory. Based on this representation, the business appears to comply with the prohibition. The applicant will be advised that flavored tobacco products—whether labeled or marketed as such—are not permitted for sale under City regulations. As a condition of approval, the business shall be prohibited from offering any tobacco product that is flavored or marketed with a characterizing flavor other than tobacco.

Pursuant to Chapter 6-10, Section 6-10.104, Tobacco Product Pricing and Packaging, all tobacco products sold in the City of Clearlake must comply with specific packaging, labeling, pricing, and promotional requirements. Tobacco products must be sold only in the original manufacturer's packaging intended for consumer sale. All packaging must meet applicable federal labeling requirements and any child-resistant standards required by law. The price of each tobacco product must be clearly displayed on the product itself, or on shelving, signage, or displays at the point of sale. Additionally, it is unlawful to distribute tobacco products as free samples or at a nominal price as a form of promotion or advertising.

The applicant has not indicated any intent to repackage or alter tobacco products and has stated that the business will sell cigarettes and cigars in standard, permitted packaging, which suggests compliance with manufacturer packaging requirements. Although the business description does not specifically address labeling or child-resistant packaging, such standards are typically met by regulated manufacturers and are expected to be maintained when products are sold in their original packaging. The applicant has not

proposed any sampling or promotional giveaways, and there is no indication of discounted or free product distribution. Based on the information provided, the proposed business appears able to comply with the City’s requirements related to packaging, labeling, pricing display, and promotional restrictions.

Pursuant to Chapter 6-10, Section 6-10.105, Limits on Eligibility for a Tobacco Retailer License, tobacco retailing in the City of Clearlake is subject to location-based restrictions. A tobacco retailer license may only be issued for a fixed, permanent location. Mobile vending of tobacco products—such as from carts, vehicles, or temporary stands—is strictly prohibited and not eligible for licensure. In addition, no license may be issued or renewed for a tobacco retailer operating at a location that is also licensed for commercial cannabis activity under state law.

The applicant is proposing a tobacco retail business within a fixed, 1,900-square-foot commercial tenant space in an existing building. There is no indication that the business is mobile or intended to operate outside of a permanent location. The business is not associated with a cannabis operation and is not co-located with any state-licensed cannabis activity. Based on the information provided, the proposed use complies with the City’s restrictions on tobacco retail license eligibility and is not subject to either disqualification criterion outlined in this section.

Pursuant to Chapter 6-10, Section 6-10.106, Application Procedure, any person or business intending to engage in retail tobacco sales in the City of Clearlake must submit a complete tobacco retailer’s license application in the name of each proprietor. The application must be signed by each proprietor or their authorized agent and must be submitted using official forms provided by the Lake County Environmental Health Department. If a license is issued based on false, misleading, or incomplete information—or if it violates this article or any other law—it is subject to revocation. Possession of a tobacco retailer’s license does not create any right to operate in violation of other applicable regulations or legal requirements.

At the time of application for a use permit, the applicant has not submitted an application to the County of Lake Environmental Health Department for a tobacco retailer’s license. As such, the proposed business is not currently in compliance with the City’s procedural requirements for operating a tobacco retail business. The applicant must provide proof of license issuance before final business license approval or occupancy. A condition of approval will be required to ensure that no tobacco sales occur without first securing and maintaining a valid tobacco retailer’s license in accordance with local law.

CALIFORNIA STATE TOBACCO REGULATIONS (SUMMARY)

California regulates the sale and distribution of tobacco products through a combination of statewide laws aimed at protecting public health and reducing youth access. All tobacco retailers must obtain and maintain a tobacco retailer license from the California Department of Tax and Fee Administration (CDTFA), as required by the Business and Professions Code §§ 22970–22995. Tobacco sales are only permitted from fixed locations and must adhere to packaging, labeling, and tax requirements under Revenue and Taxation Code §§ 30001–30483.

Retailers are prohibited from selling flavored tobacco products, including menthol cigarettes and flavored e-cigarettes, under BPC § 104559.5 (SB 793). Tobacco sales to anyone under 21 years of age are prohibited, consistent with both state and federal law, and retailers must verify age using government-issued identification (BPC § 22958). Additionally, the STAKE Act (BPC §§ 22950–22964) requires signage warning against sales to minors and authorizes enforcement through undercover inspections.

These state regulations are further supported by local ordinances enacted by the City of Clearlake and Lake County, including Ordinance No. 272-2024, which aligns local enforcement with state tobacco control policy.

The applicant proposes a retail smoke shop primarily selling cigarettes, cigars, and related accessories. While the business description indicates sales limited to non-flavored tobacco products and excludes on-site smoking, the applicant has not confirmed application for or possession of the required California tobacco retailer license. As such, the proposed business is not currently in compliance with applicable state regulations or the City’s adopted licensing ordinance.

Since the City of Clearlake and Lake County have adopted ordinances consistent with state law—including the prohibition on flavored tobacco products, age verification, packaging requirements, and local licensing—compliance is mandatory for any tobacco retail operation. Staff recommends condition of approval be included requiring the applicant to obtain and maintain a valid California tobacco retailer license, comply with all applicable state and local laws, and provide verification of such compliance prior to initiating tobacco sales.

ENVIRONMENTAL REVIEW (CEQA)

The California Environmental Quality Act (CEQA) requires agencies to evaluate the environmental implications of land use actions. Upon review of the application, the agency comments, and considering that the project is located within an urbanized area, staff has determined the project to be Categorical Exempt from environmental review in accordance with Chapter 19, Section 15301, Existing Facilities.

The project qualifies for the above referenced Categorical Exemption involving negligible or no expansion of existing or former use. No improvements are proposed.

LEGAL NOTICE & PUBLIC COMMENT

The public hearing was noticed at least ten (10) days in advance in an electronic publication of the Lake County Record Bee on May 31, 2025, and mailed (via USPS) to all surrounding property owners within 300 feet of the subject parcel as required pursuant to the Clearlake Municipal Code.

- All mailing addresses are drawn from the electronic database supplied by the Lake County Assessor Office.
- The City of Clearlake did not receive any written public comment or concerns regarding the project.

FINDINGS OF APPROVAL

Pursuant to Section 18-28.040, to grant a Conditional Use Permit, the Community Development Director, Planning Commission or City Council must determine the following:

1. That the proposed use will not be detrimental to the health, safety or welfare of people working or living at the site or within the vicinity.
2. The Community Development Director, Planning Commission or the City Council may deny the proposal or attach conditions as deemed necessary to secure the purposes of these regulations.
3. Actions on use permits shall be justified by written findings, based on substantial evidence in view of the whole record.

MOTION/OPTIONS

1. Move to Adopt Resolution PC 2025-05 (Attachment A), A Resolution of the Planning Commission of the City of Clearlake Approving Conditional Use Permit CUP 2025-03 and Categorical Exemption, CE 2025-04 located at 14270 Lakeshore Drive, Clearlake, CA 95422, further described as Assessor Parcel Number 040-091-14.
2. Move to deny Resolution PC 2025-05, and direct staff to prepare appropriate findings.
3. Move to continue the item and provide alternate directions to staff.

ATTACHMENTS

- Attachment A (Resolution PC 2025-05 / Conditions of Approval)
- Attachment B (Submitted application for use permit)
- Attachment C (Zoning)
- Attachment D (Agency comments received)

RESOLUTION No. PC 2025-05

A Resolution of the Planning Commission
City of Clearlake, State of California
Approving Conditional Use Permit CUP 2025-03 and
Categorical Exemption CE 2025-04
to allow Tobacco Sales

WHEREAS, Musaed S. Alagi. applied for approval of a conditional use permit to allow tobacco sales located at 14270 Lakeshore Drive, Clearlake, CA 95422, APN 040-091-140-000; and

WHEREAS, the following applications have been made in accordance with Section 18-18 and Article 6-10 of the City Municipal Code; and

WHEREAS, these applications have been processed in accordance with the City’s Environmental Review Guidelines; and

WHEREAS, the project is Categorical Exempt from Environmental Review Pursuant to Article 19, Categorical Exemptions of the State of California Environment Quality Act (CEQA) Statute and Guidelines, Section 15301 (Class 1) Existing Facilities; and

WHEREAS, adequate public noticing was made for the project in accordance with the Municipal Code; and

WHEREAS, the City’s Zoning designates the project site as “CD” Commercial Downtown as conditioned, the proposed use and design would be consistent with the General Plan; and

WHEREAS, the General Plan designates the project site as Commercial as conditioned, the proposed use and design would be consistent with the General Plan; and

WHEREAS, the project is subject to obtaining a conditional use permit from the Planning Commission in accordance with Section 18-18 and Article 6-10 regarding tobacco sales; Therefore, in accordance Section 18-28.040 of the Zoning Code regarding use permits, the Planning Commission finds that these uses as proposed will not be detrimental to the health, safety, convenience, or general welfare of persons residing or working in the vicinity, or injurious to the property, improvements or potential development in the vicinity with respect to aspects including, but not limited to, the following:

- a) The nature of the proposed site, including its size and shape, and the proposed size, shape, and arrangement of structures.
- b) The accessibility and traffic patterns for people and vehicles, the type and volume of such traffic and the adequacy of proposed off-street parking and loading,
- c) The safeguards afforded to prevent noxious offensive emissions such as noise, glare, dust and odor,
- d) Treatment given, as appropriate to such aspects as landscaping, open spaces, parking areas, loading areas, service areas, lighting, and signs.

WHEREAS, with the incorporated conditions of approval, referenced as Exhibit A herein, the project complies with the Clearlake Zoning Code.

NOW, THEREFORE, BE IT RESOLVED by the City of Clearlake – Planning Commission of the City of Clearlake that the project is hereby approved, subject to approved Conditions of Approval (Exhibit A).

PASSED AND ADOPTED on this 10th day of June 2025 by the following vote:

Planning Commissioners	AYES	NOES	ABSTAIN	ABSENT
Chair Fawn Williams				
Vice Chair Jack Smalley				
Commissioner Ray Silva				
Commissioner Chris Inglis				
Commissioner Derek Counts				

City of Clearlake – Planning Commission Chair

ATTEST: _____
City of Clearlake Clerk/Deputy Clerk

EXHIBIT A

CITY OF CLEARLAKE
CONDITIONS OF APPROVAL
CONDITIONAL USE PERMIT, CUP 2025-03
CATEGORICAL EXEMPTION, CE 2025-04
MUSAED S. ALAGI

Pursuant to the approval of the Planning Commission on June 10, 2025, there is hereby granted to Musaed S. Alagi, a Conditional Use Permit CUP 2025-03 and corresponding Categorical Exemption, CE 2025-03 to allow tobacco sales in an existing commercial building located at 14270 Lakeshore Drive, Clearlake, CA 95422, further described as Assessor Parcel Number 040-091-140-000 is subject to the following terms and conditions of approval.

GENERAL CONDITIONS

1. The use hereby permitted shall substantially conform to the site plan(s), and project descriptions submitted with the application dated March 15, 2025, and any conditions of approval imposed by the above Conditional Use Permit and Review Authority as shown on the approved site plan and project description for this action dated June 10, 2025, including all requirements of the City of Clearlake Municipal Codes.
2. The applicant shall obtain and maintain a valid tobacco retailer license issued by the County of Lake Environmental Health Department, in accordance with the City of Clearlake’s Ordinance No. 272-2024, which designates the County as the local licensing authority. No tobacco sales may occur unless this license is active and in good standing. **A copy shall be submitted to the City prior to the start of business operations.**
3. **Prior to commencing any retail sales of tobacco products**, the applicant shall obtain and maintain a valid California Tobacco Retailer License issued by the California Department of Tax and Fee Administration (CDTFA), as required by California Business and Professions Code §§ 22970–22995. A copy of the license shall be submitted to the Clearlake Community Development Department and kept on file.
4. The sale or distribution of any flavored tobacco product, including menthol cigarettes, flavored cigars, flavored e-cigarettes, or any tobacco product with a characterizing flavor other than tobacco, is prohibited pursuant to California Business and Professions Code § 104559.5 and local ordinance. The applicant’s inventory must always remain in full compliance.
5. The applicant shall ensure that no person under 21 years of age is sold, provided, or allowed access to tobacco products, per California BPC § 22958. Staff shall require age verification using valid, government-issued identification for any customer who appears under 30 years of age.
6. **Prior to installation of signage**, the applicant shall apply for and secure the required signage permits with the City of Clearlake. All signs shall adhere to all applicable Federal, State and local agency requirements.
7. The business shall post signage required by the Stop Tobacco Access to Kids Enforcement (STAKE) Act, including a warning that sales to minors are illegal and displaying the state’s toll-free complaint number, in a clearly visible location at the point of sale (BPC § 22952).
8. All tobacco products shall be sold in original manufacturer packaging and must comply with all state and federal labeling and packaging requirements, including child-resistant standards, if applicable. Product prices must be clearly displayed at the point of sale or on product shelving, according to local and state law.
9. The distribution of free or nominally priced tobacco products as samples or promotions is strictly prohibited.

10.

Smoking or sampling of any tobacco or nicotine product is prohibited on the premises and within 25 feet of all entrances, in accordance with state and local public health laws.
11.

The applicant shall comply with all California tobacco excise tax laws under the Revenue and Taxation Code §§ 30001–30483, including recordkeeping and availability of records for inspection by tax or enforcement authorities.
12.

Both the State of California and County of Lake tobacco retailer licenses shall be prominently displayed in a publicly visible location within the retail premises.
13.

The use permit shall be valid only as long as the applicant remains in full compliance with all applicable local, county, and state laws and regulations. Violation of any condition may result in revocation of the use permit and/or referral to the appropriate licensing authority for enforcement.
14.

The applicant must comply with the city noise ordinance and ensure that sound levels are kept within acceptable limits to minimize disturbance to neighboring properties. No person shall produce any noise by any means between the hours of 10:00 p.m. and 7:00 a.m., which when measured within fifty (50') feet of any dwelling or transient accommodation exceeds 55 decibels.
15.

The applicant shall always keep a copy of the approved conditions of approval, required County of Lake Environmental Health permits and certifications, and City of Clearlake business license on the premises.
16.

Any conditions established pursuant to these regulations shall be met before the use is established, except that the Director, Planning Commission or on appeal, the City Council, may establish a schedule for certain conditions to be met after the establishment of the use. Continuance of the use shall then be contingent on complying with the schedule for meeting the deferred conditions.
17.

This Conditional Use Permit does not abridge or supersede the regulatory powers and permits requirements of any federal, state, or local agency requirements, which may retain a regulatory or advisory function as specified by statute or ordinance. The applicant shall obtain and maintain permits as may be required from each agency.
18.

The applicant is responsible for ensuring that all employees including third party vendors are informed of, understand, and agree to abide by the approved plans and project conditions.
19.

Prior to operation, the permit holder shall meet and operate in full compliance with fire safety rules and regulations of the Lake County Fire District.
20.

All building access and bathrooms shall meet the American with Disabilities Act (ADA) requirements and must be reviewed and approved by a Certified Accessibility Access Specialist (CASP). Handicapped accessibility routes and handicapped parking spaces shall not be affected by the operation.
21.

Prior to operation and/or development, the applicant shall secure/maintain any required permits from the City of Clearlake (Building Department, Planning and Public Works), Fire District, Lake County Air Quality Management District, Lake County Water Resources Department, Lake County Environmental Health Department, Lake County Special Districts and/or all applicable Federal, State and local agency permits.
22.

In lieu of installing curb, gutter, and sidewalk improvements along all required frontages, as normally required, the applicant shall pay a fee to the City equal to the cost of installing the improvements to the City standard. This is in recognition of the project's location within the area of a city project including road and pedestrian improvements to the Lakeshore Drive corridor. The costs shall be determined by City Engineer. **Said Conditional Use Permit shall not become**

valid, vested, or operative until the fee has been paid to the City.

23. **Prior to Operation**, the applicant shall have obtained and maintain an active a Business License from the City of Clearlake.
24. All graffiti shall be removed on any part of the property within 48 hours of its appearance.
25. All outdoor lighting shall be directed downwards and shielded onto the project site and not onto adjacent properties. All lighting shall comply and adhere to all federal, state, and local agency requirements, including all requirements in darksky.org.
26. The operator shall be responsible for paying all sales, use, business and other applicable taxes, and all licenses, registration, and other fees and permits required under federal, state, and local laws.
27. The review authority may revoke or modify the Conditional Use Permit if the review authority finds that the use to which the permit allows is detrimental to health, safety, comfort, general welfare of the public; constitutes a public nuisance; if the permit was obtained or is being used by fraud; and/or if one or more the conditions upon which a permit was granted are in noncompliance or have been violated. Applicant shall be notified of potential violations of the use permit prior to action.
28. Any modifications and/or additions to a use requiring permit approval shall itself be subject to use permit approval. The addition of an allowed use to a premise occupied by a conditionally allowed use shall require permit approval of the type required for the existing use. The Community Development Director shall determine when such an addition and/or change is of such a minor or incidental nature that the intent of these regulations can be met without further use permit control.
29. This permit does not abridge or supersede the regulatory powers and permit requirements of any federal, state, or local agency requirements, which may retain a regulatory or advisory function as specified by statute or ordinance. The applicant shall obtain and maintain permits as may be required from each agency.
30. The developer/operator shall agree to indemnify, defend, and hold harmless the City or its agents, officers and employees from and against any and all claims, actions, demands or proceeding (including damage, attorney fees, and court cost awards) against the City or its agents, officers, or employees to attach, set aside, void, or annul an approval of the City, advisory agency, appeal board, or legislative body concerning the permit or entitlement when such action is brought within the applicable statute of limitations. In providing any defense under this Paragraph, the applicant, business operator, property owner, developer shall use counsel reasonably acceptable to the City. The City shall promptly notify the applicant, business operator, property owner, developer of any claim, action, demands or proceeding and the City shall cooperate fully in the defense. If the City fails to promptly notify the developer/operator of any claim, action, or proceeding, or if the City fails to cooperate fully in the defense, the developer/operator shall not thereafter be responsible to defend, indemnify, or hold the City harmless as to that action. The City may require that the developer/operator post a bond, in an amount determined to be sufficient, to satisfy the above indemnification and defense obligation. The developer/operator understands and acknowledges that the City is under no obligation to defend any claim, action, demand or proceeding challenging the City's actions with respect to the permit or entitlement.
31. All conditions are necessary to protect the general health, safety and welfare of the public. If any condition of this entitlement is held to be invalid by a court, the whole entitlement shall be invalid. The Director specifically declares that it would not have approved of this entitlement unless all the conditions herein are held as valid.
32. The use permit may be transferred to new owners at the same location/use upon notifying the City Planning Department of said ownership transfer and upon the new owner's written agreement to maintain all conditions of approval.

33. Said Use Permits shall be subject to revocation or modification by the Planning Commission if the Commission finds that there has been:
- Noncompliance with any of the foregoing conditions of approval; or
 - The Planning Commission finds that the use for which this permit is hereby granted is so exercised as to be substantially detrimental to people or property in the neighborhood of the use. Any such revocation shall be preceded by a public hearing noticed and heard pursuant to the City of Clearlake Municipal Code. 15.
34. Said Conditional Use Permit shall be subject to revocation or modification by the review authority if the review authority finds that there has been:
- a. Noncompliance with any of the foregoing conditions of approval; or
 - b. The Planning Director finds that the use for which this permit is hereby granted is so exercised as to be substantially detrimental to persons or property in the neighborhood of the use. Any such revocation shall be preceded by a public hearing noticed and heard pursuant to the City of Clearlake Municipal Code.
 - c. If the approved use permit is not established within one (1) year of the date of approval or such longer time as may be stipulated as a condition of approval, the use permit shall expire.
 - d. Expiration of Use Permit. When a use that was allowed by approval of a use permit ceases operation for one (1) year or such other time period as specified in the conditions of approval, then reinstatement of that use will be allowed only with approval of a new use permit.

To be Completed by Authorized Representative/Applicant

ACCEPTANCE

I have read and understand the foregoing Conditional Use Permit and agree to each term and condition of approval and/or mitigation measure(s) thereof.

Name: _____ **Signature:** _____

Date: _____

To Be Completed by Authorized Personnel

Name: _____ **Signature:** _____

Title: _____ **Date:** _____

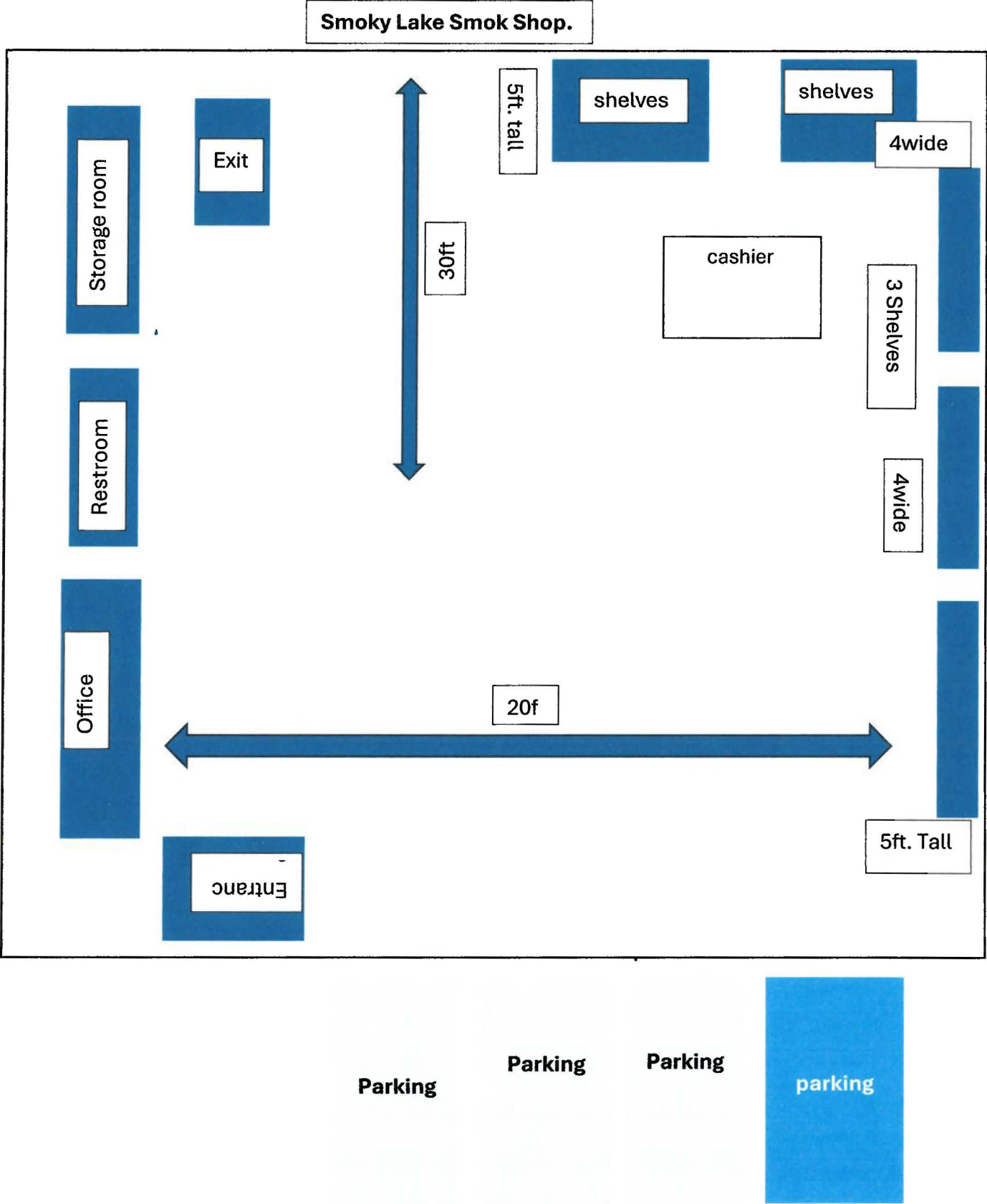
Smoky Lake Smoke Shop.

Our smoke shop will provide Tobacco, Rolling paper, Cigarettes, Lighter and Matches, Ashtrays, Humidors, Cigar, Accessories, Batteries, Chargers and Speaker. Our hours of operation will be Monday through Sunday from 10am to 7pm. We will have a staff that provides friendly, courteous and respectful services.

Our premises will have 4 customer parking spaces and 1 for disabled people.

Our premises will have a range of shelves with cigarettes products and accessories. The premises have an entrance and exit door extra for the emergencies, we have a restroom for staff and customer use. The premises will have a security system for staff and customers. We expect to have a minimum of 10 to 15 customers per days.

We hope to meet all expectations of good service.



Supplemental Data for Use Permit

Please answer the following questions as thoroughly as possible. If questions do not apply to your project, please provide an explanation of why. Use separate sheets of paper if necessary. **IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE CITY OF CLEARLAKE - PLANNING DIVISION.**

Description of objective of project and its operational characteristics:

Type of Business: Somke shop

Product or service provided: Tobocco,

Hours of operation: 10 AM - 7 PM Days of operation: 7

Number of shifts (normal): 1 Number of shifts (peak): 1

Employees per shift (normal): 1 Employees per shift (peak): 1

Number of deliveries per day: NAN Number of customer per day: 10-15

Number of pick-ups per day: NAN Lot size: NA

Number and type of company Vehicles: NA Type of loading facilities: NA

Floor area of existing structures: NA Proposed building floor area: Na

Number of existing parking spaces: 4 Number of proposed parking spaces: 1

Number of floors: 1

Additional relevant information: _____

Supplemental Data Continued)

When do you anticipate starting construction?

NAN

How long will construction take?

NAN

What days/times will construction occur?

NAN

What type of construction equipment will be used?

NAN

How many truck/vehicle trips will be necessary for construction?

NAN

Will equipment be idling during construction?

NAN

Where will construction equipment be staged/stored?

NAN

Will any trees or vegetation be removed? If yes, please provide type and amounts.

NAN

Supplemental Data (Continued)

Section F, Item 3.

How much grading is anticipated to occur and where?

NAN

Will soil be imported or exported to/from the site? If so from where and what amount?

NAN

Is trenching required? If yes, please provide location, dimensions and cubic yards.

NAN

How much water will be used for construction, operation and maintenance? What is the water source?

NAN

Describe how scenic views or vistas are impacted by the cultivation site.

NAN

What lighting is proposed for the project? Will areas be lit at night?

NAN

What type of hazardous materials may and/or will occur on site? How will the hazardous material be disposed of?

NAN

Supplemental Data for (Continued)

Will this project result in the loss of forest land? If so, describe how many acres and what type of trees.

NAN

How will dust, ash, smoke, fumes or odors generated by the cultivation site be managed?

NAN

Are there any water features (drainages, streams, creeks, lakes, rivers, vernal pools, wetlands, etc.) on-site or immediately adjacent to the project? If yes, will any work take place in or near them?

NAN

Will there be a loss of any wetland or streamside vegetation? If yes, describe where, total area, and type of vegetation lost.

NAN

Describe and site or buildings have any archaeological or historical significance.

NAN

What are the slopes on project site?

NAN

Supplemental Data (Continued)

Describe the soils found at the site and their potential for landslides, erosion, lateral spreading, subsidence, liquefaction, or collapse.

NAN

Describe methods to be taken to reduce greenhouse gases.

NAN

Will solid waste be produced? If yes, how will it be disposed of?

NAN

Will hazardous waste be produced? If yes, how will it be disposed of?

NAN

How will vegetative waste be managed?

NAN

How will growth medium waste be managed?

NAN

Will any material be taken to a landfill? If yes, which one and how much material is anticipated?

NAN

Supplemental Data (Continued)

Describe risk of an explosion or release of hazardous substances in case of an accident.

NAN

Do portions of the cultivation site periodically flood?

NAN

Describe the existing drainage patterns on the site and how they may be alternated and to what degree as a result of this project.

NAN

What Best Management Practices (BMP's) or measures will be implemented in order to prevent erosion and impacts to water quality?

NAN

Is wastewater treatment required for the project? If yes, what is the source?

NAN

Describe how this project is consistent with the City's General Plan and Zoning Ordinance.

NAN

Describe the level and frequency of noise or vibration that will be generated from this project.

NAN

Supplemental Data for Initial Study (Continued)

Section F, Item 3.

Describe what measures have been taken to maintain or improve level of service for the appropriate emergency services (Fire, Police, etc.).

NAN

How is the site accessed?

NAN

Describe the amount of traffic the project will generate.

NAN

Are there any road improvements that would be required? If yes, please provide specs (type of materials and dimensions).

NAN

Describe if this project will result increased traffic hazards to motor vehicles, bicyclists, or pedestrians?

NAN

Are greenhouses or other accessory structures proposed? If yes, what are the dimensions of the structures and materials/colors they will be constructed out of?

NAN

What sources of energy will be used?

NAN



From: [Moe](#)
To: [Michael Taylor](#)
Subject: Re: Conditional Use Permit (CUP 2025-03) 14270 Lakeshore Dr.
Date: Monday, April 21, 2025 10:50:09 AM
Attachments: [image001.png](#)

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Hey Michael, I have answered all the questions you provided. Please let me know if you need anything else. Thank you so much.

1. On the application form that you submitted, the property owner is indicated as “Omar Musaed Alagi”. Please provide the name and address of the current property owner of record.

Omar Alakhgzaly
4630 W Jacquelyn Ave, Fresno, CA 93722

2. What percentage of your business will be dedicated to the smoke shop, in floor area and anticipated monthly/yearly revenue?

About 1100 SQUIRE FEET for tobacco (70%) estimated
Monthly \$20,000/ yearly 240,000

3. Please describe other goods and products, not related to tobacco and tobacco related accessories, you will be selling in your store?.

T-shirts, hats, lighters, sunglasses, Ashtrays, keychains, necklace, rings, candles, incense, nail clippers, hair clutch, lip balm, ear piercing, aoristic paintings, headphones, speakers, watches, phone chargers, phone cases

4. Will there be on site smoking room. Or will it be considered as part of the business in the future?

No.

5. According to county records the building is approximately 1,900 square feet in floor area. According to the application provided a floor plan store layout indicates a floor area of 600 square feet (30' x 20'). Please clarify.

It was a mistake. It's 1900 ft.².

6. Do you have a proposed business sign that you would like to be considered as part of the use permit application?

Not yet

7. What level of tenant improvements are proposed?

Electrical, plumbing, walls, etc. Please describe.
The walls, electricity and plumbing are working well and in top condition.

On Mon, Apr 14, 2025 at 10:07 PM Michael Taylor <mtaylor@clearlake.ca.us> wrote:

Dear Mr. Alagi,

Thank you for taking our call today. As discussed, please provide clarification for the following questions:

1. On the application form that you submitted, the property owner is indicated as "Omar Musaed Alagi". Please provide the name and address of the current property owner of record.
2. What percentage of your business will be dedicated to the smoke shop, in floor area and anticipated monthly/yearly revenue?
3. Please describe other goods and products, not related to tobacco and tobacco related accessories, you will be selling in your store?.
4. Will there be on site smoking room. Or will it be considered as part of the business in the future?
5. According to county records the building is approximately 1,900 square feet in floor area. According to the application provided a floor plan store layout indicates a floor area of 600 square feet (30' x 20'). Please clarify.
6. Do you have a proposed business sign that you would like to be considered as part of the use permit application?
7. What level of tenant improvements are proposed? Electrical, plumbing, walls, etc. Please describe.

Thank you.

Michael Taylor

From: Moe
To: Michael Taylor
Subject: Re: Conditional Use Permit (CUP 2025-03) 14270 Lakeshore Dr.
Date: Thursday, May 22, 2025 2:56:46 PM
Attachments: image001.png

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hey Michael

We will sell regular cigarettes that are permitted by the city, as cigarette packs and cigars without flavors. There are no other products other than that. If you want me to make a full list by brand names let me know.
if you need any additional information please let me know so i can get it done before the meeting.

Thank you

We will sell only the
On Thu, May 22, 2025 at 10:24 PM Michael Taylor <mtaylor@clearlake.ca.us> wrote:

Hello Musaed,

Hope all is well.

As I am preparing documents for the meeting there are some additional questions, we have in preparing the staff report. Please provide some additional details about the types of tobacco you will have available for sale at your smoke shop. For instance, the types of electronic cigarettes if the case, or tobacco for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

Also, you mentioned accessories can please describe in more detail the types of accessories and what the smoking accessories are.
Thank you.

Best Regards,

Michael Taylor

Associate Planner

mtaylor@clearlake.ca.us

[City of Clearlake](#)

[14050 Olympic Drive](#)

Clearlake, CA 95422

(707) 994-8201

From: Moe <smokylake2@gmail.com>

From: Moe
To: Michael Taylor
Subject: Re: Conditional Use Permit (CUP 2025-03) 14270 Lakeshore Dr.
Date: Thursday, May 22, 2025 3:07:36 PM
Attachments: image001.png

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Sorry i missed to answer the last question in your email about the accessories.

The accessories we will sell is for smart phones like cases, headphones and human accessories like rings,necklaces. We will not sell any smoking accessories in our smoke shop.

On Thu, May 22, 2025 at 10:24 PM Michael Taylor <mtaylor@clearlake.ca.us> wrote:

Hello Musaed,

Hope all is well.

As I am preparing documents for the meeting there are some additional questions, we have in preparing the staff report. Please provide some additional details about the types of tobacco you will have available for sale at your smoke shop. For instance, the types of electronic cigarettes if the case, or tobacco for human consumption, whether smoked, heated, chewed, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, including, but not limited to, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.

Also, you mentioned accessories can please describe in more detail the types of accessories and what the smoking accessories are. Thank you.

Best Regards,

Michael Taylor

Associate Planner

mtaylor@clearlake.ca.us

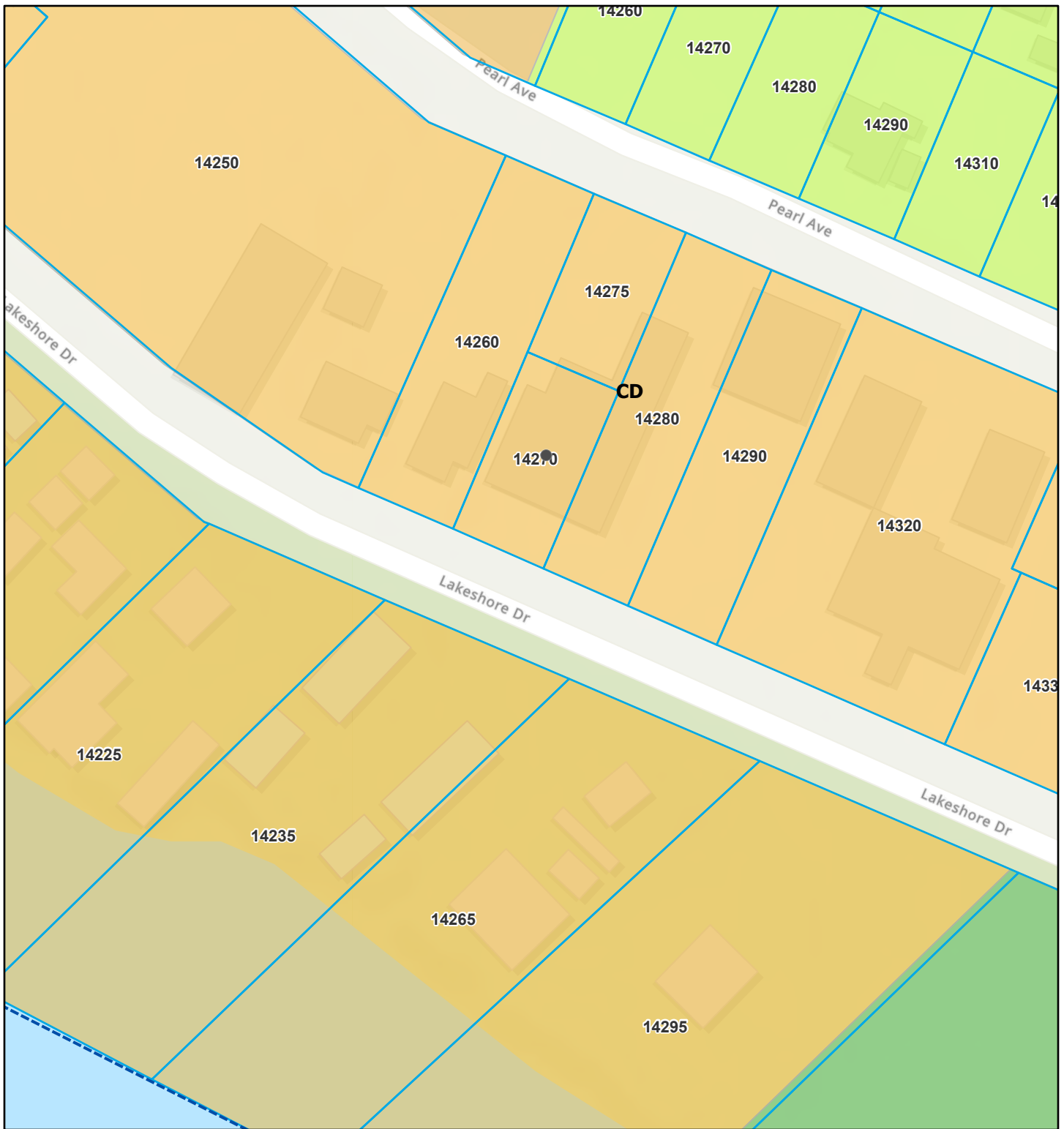
[City of Clearlake](#)

[14050 Olympic Drive](#)

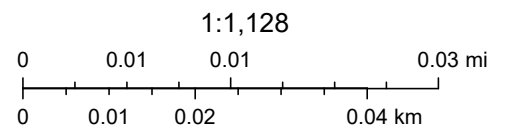
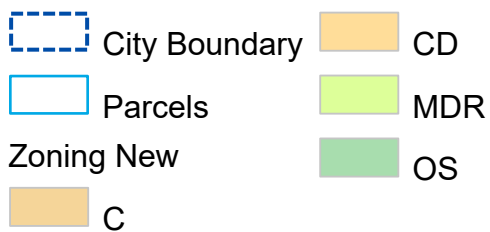
Clearlake, CA 95422

(707) 994-8201

From: Moe <smokylake2@gmail.com>
Sent: Monday, April 21, 2025 10:50 AM
To: Michael Taylor <mtaylor@clearlake.ca.us>
Subject: Re: Conditional Use Permit (CUP 2025-03) 14270 Lakeshore Dr.



6/2/2025, 4:40:04 PM



Sources: Esri, TomTom, Garmin, FAO, NOAA, USGS, © OpenStreetMap contributors, and the GIS User Community. Sources: Esri, Maxar, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatastyrelsen, Rijkswaterstaat, GSA, Geoland, FEMA, Intermap, and GIS user community



City of Clearlake
14050 Olympic Drive, Clearlake, California 95422
(707) 994-8201 Fax (707) 995-2653

Request for Review
Conditional Use Permit, CUP 2025-03
Community Development Department

City Depts	County Depts	State/Fed. Depts.	Tribal Organizations	Agencies
<input checked="" type="checkbox"/> Building	<input type="checkbox"/> Air Quality Mgmt.	<input type="checkbox"/> Caltrans	<input type="checkbox"/> Elem Indian	<input type="checkbox"/> Cal Cannabis
<input checked="" type="checkbox"/> Code Enforcement	<input type="checkbox"/> Assessor/Recorder	<input type="checkbox"/> Ca Air Board	<input type="checkbox"/> Middletown Ranch.	<input type="checkbox"/> CA Dept PH
<input checked="" type="checkbox"/> Police Department	<input checked="" type="checkbox"/> E. H./S. D.	<input type="checkbox"/> Ca Dept F&W	<input type="checkbox"/> Koi Nation	<input type="checkbox"/> BCC
<input type="checkbox"/> Public Works	<input type="checkbox"/> Lakebed Mgmt	<input type="checkbox"/> USA Corps of Eng	<input type="checkbox"/> NAHC	<input type="checkbox"/> CDFA
<input checked="" type="checkbox"/> Fire	<input type="checkbox"/> LC Surveyor	<input type="checkbox"/> US F&W Serv	<input type="checkbox"/> HERC	
<input type="checkbox"/> PGE	<input type="checkbox"/> LC Water Resource	<input type="checkbox"/> Sonoma State		
<input type="checkbox"/> Golden State Water	<input type="checkbox"/> LC Tax Collector	<input type="checkbox"/> CHP		
<input type="checkbox"/> Konocti Water	<input type="checkbox"/> LC Transit	<input type="checkbox"/> ABC		
<input checked="" type="checkbox"/> Highlands Water	<input type="checkbox"/> Lake Area P. C.	<input type="checkbox"/> Ca Water Boards		

Request

Please review the attached application materials and respond with any comments by Friday, **April 28, 2025** via email: mtaylor@clearlake.ca.us or postal mail: Clearlake City Hall attn. Planning Department, 14050 Olympic Drive, Clearlake, CA 95422.

Applicant: Musaed S. Alagi
 Property Owner: Omar Alghazali

Project Description

The applicant is requesting approval of a conditional use permit (Per 18-19.020 of the Clearlake Municipal Code) to allow the sales of tobacco products and related accessories which generally include:

- Traditional tobacco items such as cigarettes, cigars, little cigars, chewing tobacco, pipe tobacco, or snuff.
- Electronic devices that deliver nicotine or other vaporized liquids, including electronic cigarettes, cigars, pipes, or hookahs.
- Components, parts, or accessories intended or reasonably expected to be used with a tobacco product, whether or not sold separately.

Tobacco products and accessories will make up approximately 55 percent of the floor sales area, and 55 percent of total revenue. The remaining floor area will be utilized and revenue generated by other retail items such as phone chargers, phone batteries, phone cases, and speakers.

The 600 square foot retail area is located within an approximately 2,000 square foot commercial building. The applicant is not proposing any significant improvements to the existing building or major tenant improvements requiring a building permit.

- Business Owner: Musaed S. Alagi
- Hours of Operation: Monday – Sunday 10:00 a.m. to 7:00 p.m.
- Employees: 1
- Max. Occupancy: Unknown
- Customers/day: 10-15 estimated by applicant
- Security: 3 security guards
- Parking: 3 standard spaces, 1 ADA spaces.
- Total Building Floor Area: 5,100 square feet
- Restaurant Area: 3,100 square feet

Property Summary

- Land Use Type: Retail
- Property Address: 14270 Lakeshore Drive, Clearlake
- APN(s): 040-091-14
- Zoning: General Commercial (GC)
- General Plan: Commercial
- Flood Zone: X
- Water Supply: Highlands Water District
- Wastewater: Lake County Special Districts



COUNTY OF LAKE
Health Services Department
Environmental Health Division
922 Bevins Court
Lakeport, California 95453-9739
Telephone 707/263-1164

Anthony Arton
Health Services Director

Craig Wetherbee
Environmental Health Director

Promoting an Optimal State of Wellness in Lake County

Memorandum

DATE: June 3, 2025
TO: Micheal Taylor, Associate Planner
FROM: Shanna Parsons, Environmental Health Technician
RE: CUP 2025-03/SR0017281
APN: 040-091-14

Environmental Health Division is requiring:

1. Applicant must obtain license through the California Department of Tax and Fee Administration (CDTFA) for the sales of cigarettes and tobacco products.
2. For a location that has not been previously permitted as a retail tobacco facility, a plan check is required through Environmental Health (EH) prior to construction, opening your facility, obtaining building, plumbing or electrical permits.
3. The owner of the facility must apply and pay fees for the Annual Facility permit for Retail Tobacco.
4. If this facility will be retailing foods and/or storing foods, additional fees and requirements will apply for a plan check and food retail permit.

Please note: The permit, once issued, is not transferable.



COUNTY OF LAKE
HEALTH SERVICES
prevent.promote.protect.

From: [Mary Jane Montana](#)
To: [Michael Taylor](#)
Subject: Re: Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake
Date: Tuesday, April 15, 2025 1:55:20 PM
Attachments: [image001.png](#)

Mike,
Building Official will need to do site inspection prior to opening to verify exits and accessibility compliance
Thank you,
Mary Jane

From: Michael Taylor <mtaylor@clearlake.ca.us>
Sent: Monday, April 14, 2025 3:29 PM
To: Michael Taylor <mtaylor@clearlake.ca.us>
Subject: Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake

Good afternoon,

Request
Please review the attached application materials (summarized below) and respond with any comments by Friday, **April 28, 2025**, via email: mtaylor@clearlake.ca.us or postal mail: Clearlake City Hall attn. Planning Department, 14050 Olympic Drive, Clearlake, CA 95422.

Applicant: Musaed S. Alagi
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- Components, parts, or accessories intended or reasonably expected to be used with a tobacco product, whether or not sold separately.

Tobacco products and accessories will make up approximately 55 percent of the floor sales area, and 55 percent of total revenue. The remaining floor area will be utilized and revenue generated by other non-tobacco retail items such as phone chargers, phone batteries, phone cases, and audio speakers.

The 600 square foot retail area is located within an approximately 2,000 square foot commercial building
The applicant is not proposing any significant improvements to the existing building or major tenant

From: [Lori Baca](#)
To: [Michael Taylor](#)
Subject: RE: Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake
Date: Friday, April 18, 2025 2:09:34 PM
Attachments: [image003.png](#)

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Michael,

The CUP 2025_03 will have no impact on the Districts ability to continue to provide services. The current location is billed “Commercial” so I don’t believe the bi-mothly billing will change, but I will pass this on to the Billing Department to see if they have any additional comments.

Lori A. Baca
Customer Service Supervisor
Lori.Baca@lakecountyca.gov
Office Number (707) 263-0119
Fax (707) 263-3836



From: Michael Taylor <mtaylor@clearlake.ca.us>
Sent: Monday, April 14, 2025 3:29 PM
To: Michael Taylor <mtaylor@clearlake.ca.us>
Subject: [EXTERNAL] Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake

Good afternoon,

Request
Please review the attached application materials (summarized below) and respond with any comments by Friday, **April 28, 2025**, via email: mtaylor@clearlake.ca.us or postal mail: Clearlake City Hall attn. Planning Department, 14050 Olympic Drive, Clearlake, CA 95422.

Applicant: Musaed S. Alagi
Property Owner: Omar Alghazali

Project Description
The applicant is requesting approval of a conditional use permit (Per 18-19.020 of the

From: [Ryan Lewelling](#)
To: [Michael Taylor](#)
Subject: RE: Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake
Date: Monday, April 21, 2025 9:40:05 AM
Attachments: [image001.png](#)

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Michael,

The Assessor’s office has the following comments:

- Property taxes current as of March 4, 2025.
- Ownership confirmed per grant deed #2025001901 – SPACETEL REAL ESTATE HOLDINGS LLC

[Ryan Lewelling](#)
Cadastral Mapping Specialist,
Assessor-Recorder, County of Lake, California
707-263-2302 | Ryan.Lewelling@LakeCountyCA.gov

From: Michael Taylor <mtaylor@clearlake.ca.us>
Sent: Monday, April 14, 2025 3:29 PM
To: Michael Taylor <mtaylor@clearlake.ca.us>
Subject: [EXTERNAL] Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake

Good afternoon,

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Property Owner: Omar Alghazali

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- Electronic devices that deliver nicotine or other vaporized liquids, including electronic cigarettes, cigars, pipes, or hookahs.

From: [Ryan Lewelling](#)
To: [Michael Taylor](#)
Subject: RE: Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake
Date: Thursday, May 8, 2025 10:20:33 AM
Attachments: [image001.png](#)

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Michael,

The Assessor’s Office has no comment at this time.

Ryan Lewelling
Cadastral Mapping Specialist
Assessor-Recorder, County of Lake

From: Michael Taylor <mtaylor@clearlake.ca.us>
Sent: Monday, April 14, 2025 3:29 PM
To: Michael Taylor <mtaylor@clearlake.ca.us>
Subject: [EXTERNAL] Request for Review, Use Permit CUP 2025-03, 14270 Lakeshore Drive, Clearlake

Good afternoon,

Request

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