

## Smoky Lake Smoke Shop.

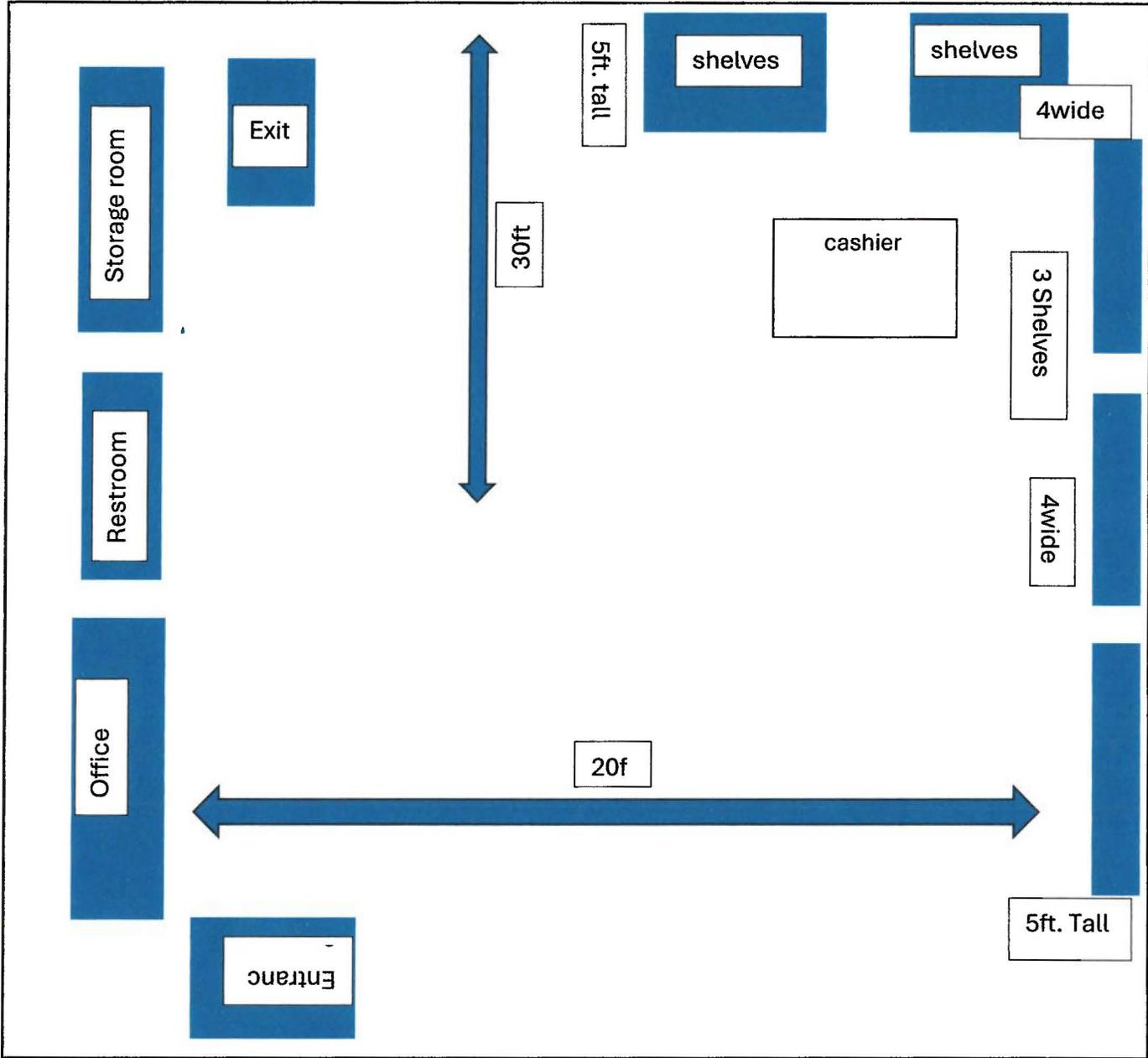
Our smoke shop will provide Tobacco, Rolling paper, Cigarettes, Lighter and Matches, Ashtrays, Humidors, Cigar, Accessories, Batteries, Chargers and Speaker. Our hours of operation will be Monday through Sunday from 10am to 7pm. We will have a staff that provides friendly, courteous and respectful services.

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.

Smoky Lake Smok Shop.



Parking

Parking

Parking



parking

## 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)

How much grading is anticipated to occur and where?

NAN

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

NAN

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

NAN

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

NAN

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

NAN

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

NAN

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

NAN

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## 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

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

NAN

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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

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

NAN

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

NAN

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What are the slopes on project site?

NAN

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## Supplemental Data (Continued)

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

NAN

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Describe methods to be taken to reduce greenhouse gases.

NAN

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

NAN

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

NAN

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How will vegetative waste be managed?

NAN

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How will growth medium waste be managed?

NAN

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

NAN

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## Supplemental Data (Continued)

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

NAN

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Do portions of the cultivation site periodically flood?

NAN

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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

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

NAN

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

NAN

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

NAN

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

NAN

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## 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.).

NAN

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How is the site accessed?

NAN

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Describe the amount of traffic the project will generate.

NAN

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

NAN

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

NAN

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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

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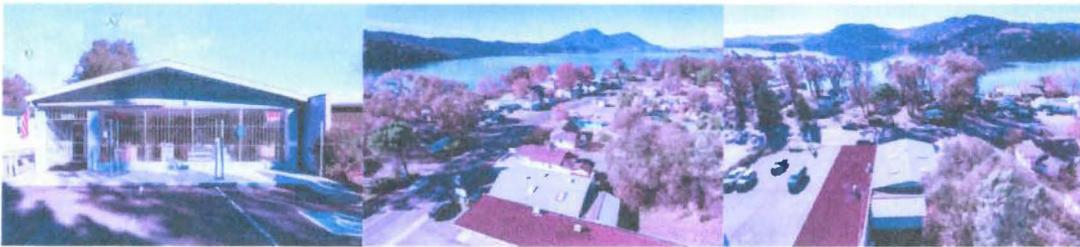
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What sources of energy will be used?

NAN

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**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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**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, 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.<sup>2</sup>.

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](mailto: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](#)

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**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](mailto: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](mailto:mtaylor@clearlake.ca.us)

[City of Clearlake](#)

[14050 Olympic Drive](#)

Clearlake, CA 95422

(707) 994-8201

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**From:** Moe <[smokylake2@gmail.com](mailto: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](#)

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**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](mailto:mtaylor@clearlake.ca.us)> wrote:

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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](mailto:mtaylor@clearlake.ca.us)

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Clearlake, CA 95422

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**From:** Moe <[smokylake2@gmail.com](mailto:smokylake2@gmail.com)>  
**Sent:** Monday, April 21, 2025 10:50 AM  
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