

Agreement # N/A

Legistar # 24-2091

# AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 11/15/2024

Need Date: 11/27/2024

## PROCESSING DEPARTMENT:

Department: TTC  
 Dept. Contact: Beverly Savage  
 Phone: 5823  
 Department  
 Head Signature: K E Coleman Digitally signed by K E Coleman  
Date: 2024.11.15 15:46:09 -08'00'  
K. E. Coleman, MBA

## CONTRACTOR:

Name: N/A  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Org Code: 040000  
 Project # \_\_\_\_\_  
 (if applicable): \_\_\_\_\_  
 Funding Source: General Fund

## CONTRACTING DEPARTMENT: Treasurer-Tax Collector

Service Requested: Please review revisions to Business License Ordinance

Description: Revision to allow TTC to approve home based businesses not requiring CUP

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

## COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved:  Disapproved:  Date: 11/18/2024 By: Janeth D. SanPedro Digitally signed by Janeth D. SanPedro  
Date: 2024.11.18 12:50:42 -08'00'  
 Approved:  Disapproved:  Date: \_\_\_\_\_ By: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE EMAIL SIGNED DOCUMENT TO:**

**Thank you!**