



COUNTY OF SAN DIEGO
 DEPT. OF PLANNING & LAND USE
 5201 RUFFIN ROAD, SUITE B
 SAN DIEGO, CA 92123-1666

(858) 565-5981 • (888) 267-8770

DISCRETIONARY PROJECT APPLICATION DETERMINATION OF PUBLIC CONVENIENCE OR NECESSITY

FOR DEPARTMENT USE ONLY				
Case Numbers	DPLU	DPW	Health	Other
	F/D	F/D	F/D	F/D
	F/D	F/D	F/D	F/D
	F/D	F/D	F/D	F/D
	F/D	F/D	F/D	F/D
ENV.# _____ - _____ - _____	F/D			
W/N# _____		DPLU Deposit		
TOTALS	+ _____	+ _____	+ _____ =	
	DPLU	DPW	Health & Others	TOTAL

CASE NUMBER _____

OWNER'S NAME _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

APPLICANT'S NAME: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

PREMISE ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: _____

PLEASE COMPLETE THE FOLLOWING:

1. Premise Assessor's Parcel Number _____
2. Premise Census Tract _____
3. ABC License Type _____
4. Type of Business (bar, mini-mart, gas station, etc.)
5. Describer uses/activities that will be included as part of the business.
6. New or existing business? _____
If in an existing building an exterior photo.
7. Previous ABC licenses at this address?
8. Have you had previous licenses at other sites? _____ Where?
9. Number of other retail outlets (stores, bars, restaurants, etc.) selling alcohol within a 1,000 foot radius of proposed site?
10. Location of nearest dwelling units with 1,000 feet.
11. Location and names of schools within 1,000 feet.
12. Location and names of playgrounds, youth facilities or day care facilities within 1,000 feet.

APPLICANT'S STATEMENT

Attach a statement or explain below why Public Convenience or Necessity would be served by the issuance of this proposed alcoholic beverage license.

Signature or Owner or Authorized Agent *(Attach a letter of authorization for any agent):*

Date

FOR DEPARTMENT USE ONLY	
Thomas Bros. Map Page No.: _____	Community Plan Area: _____
Planning Sponsor Group: _____	Supervisor District: _____
Use Regulations at the site:	
Is the proposed use permitted by the Use Regulations applying to the site?	
Unresolved Health or Building Code violations of record at the site?	
Technician's Comments:	
Reviewed by: _____	Date: _____