



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

1010 10TH Street, Suite 3400, Modesto, CA 95354
Planning Phone: (209) 525-6330 Fax: (209) 525-5911
Building Phone: (209) 525-6557 Fax: (209) 525-7759

S _____ T _____ R _____
ZONE _____
RECEIVED _____
APPLICATION NO. _____
RECEIPT NO. _____
FEE - \$134 Cash ☐ Check ☐ CC ☐

**ALCOHOLIC BEVERAGE CONTROL LICENSE REVIEW
APPLICATION FOR PUBLIC CONVENIENCE AND NECESSITY**

1. NAME OF APPLICANT: (a) _____
Name of firm or person
(b) _____ (c) _____ (d) _____
Address City, Zip Phone
(e) _____
Email address
2. NAME OF BUSINESS: _____
Name
3. LOCATION OF BUSINESS: _____
Address
4. ASSESSOR'S PARCEL NO. (APN): _____
5. TYPE OF ABC LICENSE REQUESTED (Example: "Type 20" Beer/Wine Off-Sale): _____
☐ New Location ☐ Change in Type of License ☐ Ownership Transfer ☐ Other

Pursuant to section §23958.4 of the California Business and Professions Code, Stanislaus County may approve applications, only when it can be determined that a Public Convenience and Necessity has been met. The finding of a "convenience and necessity" must be based on specific factual information. The response(s) to the following questions will assist Stanislaus County in making this determination. Please provide your answers on a separate sheet, if needed:

6. IS THE PROPOSED LICENSE A SPECIAL TYPE/CLASSIFICATION WHICH IS UNDERSERVED IN THE SURROUNDING AREA?: YES ____ NO ____ (If yes, please explain)

7. LIST THE REASON(S) WHY YOU BELIEVE THE PROPOSED LICENSE IS A PUBLIC CONVENIENCE AND NECESSITY:

WE, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE FACTS AND INFORMATION CONTAINED IN THE ABOVE APPLICATION ARE TRUE AND CORRECT, TO THE BEST OF MY KNOWLEDGE.

Signature of Property Owner

Signature of Applicant

Date