



DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT

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S \_\_\_\_\_ T \_\_\_\_\_ R \_\_\_\_\_
ZONE \_\_\_\_\_
RECEIVED \_\_\_\_\_
APPLICATION NO. \_\_\_\_\_
RECEIPT NO. \_\_\_\_\_
FEE - \$119 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