



County of San Diego, Planning & Development Services
DISCRETIONARY PERMIT APPLICATION
 FOR DETERMINATIONS OF PUBLIC CONVENIENCE OR NECESSITY FOR
 ALCOHOLIC BEVERAGE LICENSE APPLICATIONS
ZONING DIVISION

RECORD ID(S): _____

	Planning	LD Review Teams	DEH	Trails Review	Other
<i>Fees</i>	_____ +	_____ +	_____ +	_____ +	_____
<i>Deposits</i>	_____ +	_____ +	_____ +	_____ +	_____
TOTAL FEES AND INITIAL DEPOSIT: \$ _____					

OWNER'S NAME _____ **Phone:** _____

Mailing Address: _____

APPLICANT'S NAME: _____ **Phone:** _____

Mailing Address: _____

PREMISE ADDRESS: _____

PREMISE PHONE: _____

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. Describe uses/activities that will be included as part of the business:

6. New or existing business? _____ *If in an existing building, provide an exterior photo.*

7. Previous ABC licenses at this address? _____

5510 OVERLAND AVE, SUITE 110, SAN DIEGO, CA 92123
 For any questions, please email us at: PDSZoningPermitCounter@sdcounty.ca.gov
<http://www.sdcounty.ca.gov/pds>



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 within 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 of Owner / Authorized Agent
(Attach a Letter of Authorization for any Agent)

Date

----- OFFICIAL USE ONLY -----

Thomas Guide Page/ Grid 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: _____