



PUBLIC CONVENIENCE OR NECESSITY APPLICATION

835 East 14th Street, San Leandro, CA 94577 | (510) 577-3325 | planner@sanleandro.org

MUST BE SUBMITTED IN PERSON

Business Name							
Business Address			Mailing Address <input type="checkbox"/> Same as Business Address				
<small>Address</small> San Leandro CA			<small>Address</small>				
<small>City State Zip</small>			<small>City State Zip</small>				
Description of Business <small>(Is sale of alcohol an essential part of the business? If yes, please explain why.)</small>					% of Business that will involve Alcohol Sales		
Describe how the business will provide products and/or services that are unique to the area. Does the business cater to a specific need or specialty that is not currently available in the area? <small>(Attach additional sheets if necessary)</small>							
Describe how the business will cooperate with the City of San Leandro to ensure that it operates in a lawful manner.							
Please provide any additional information to justify the Public Convenience or Necessity for alcohol sales.							
Operating Hours							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Open	_____	_____	_____	_____	_____	_____	_____
Time Close	_____	_____	_____	_____	_____	_____	_____
# of Employees		List nearby sensitive uses:					
Total _____		Park or Recreation Area		School <small>(Preschool through High School)</small>		Religious Facility	
Per Shift _____							
Submittal Materials Attached							
<input type="checkbox"/> Site Plan: Show the property line, sidewalks, all buildings, parking, landscaping/trees, fences, and trash location(s).							
<input type="checkbox"/> Floor Plan: Show and label each room of the business, with its designated use (e.g. kitchen, bar, storage), location of alcohol sales/storage. Show all doors, walls, window sizes, mechanical equipment, and trash area/enclosure.							
<input type="checkbox"/> ABC Documentation: Copy of any documentation from ABC, including over-concentration.							

OFFICIAL USE ONLY
Project # PLN ____ - ____
Zoning District
APN

APPLICATION RECEIVED
By _____
Date _____
<input type="checkbox"/> Site Plan <input type="checkbox"/> Floor Plan <input type="checkbox"/> Copy of ABC Application
FEE PAID
Receipt # _____

STAFF COMMENTS
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

§5.5.120
INCOMPLETE APPLICATION SUNSET
PROVISIONS

All applications that remain incomplete and inactive for a minimum 6-month period shall have a written 30-day warning notification forwarded to the applicant. If no action is taken by the applicant regarding the application within 30 days thereafter, the application shall automatically be withdrawn and closed.



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Business Name

Circle

1. Has the applicant ever been granted an ABC license... 2. Has the applicant or business ever received an administrative warning... 3. Has the applicant or business ever been subject to an administrative hearing... 4. Has the applicant or business ever received any ABC administrative action... 5. Has the applicant or business where the ABC license is issued ever been investigated... [] If answered "yes" to any question 2-5, please provide written documentation...

OFFICIAL USE ONLY
Project #
PLN ____ - ____

STAFF COMMENTS

Multiple horizontal lines for staff comments.

LICENSE APPLICANT
Print Full Name
Legal or Business Name
Mailing Address
Phone #
Email
I (We) hereby certify under penalty of perjury that I (we) join in said application...

PROPERTY OWNER / AUTHORIZED AGENT
Print Full Name
Legal or Business Name
Mailing Address
Phone #
Email
I (We) hereby certify under penalty of perjury that I (we) join in said application...

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