

CITY OF SANTA FE SPRINGS

DEPARTMENT OF POLICE SERVICES

Dear Applicant,

Before processing your application for an Alcohol Sale Conditional Use Permit, please review the attached requirements and schedule an appointment with me so that I may explain the process and fees involved. I can be reached at the Police Services Center located at 11576 Telegraph Rd., telephone number (562) 409-1850. Below are additional documents to process your application and City Code Section 155.628 that pertains to the Sale or Service of Alcoholic Beverages.

You will need to submit the following documents with your completed application:

- ___ **Payment for ASCUP Application Fee \$2,856.00**
- ___ **Copy Insurance Binder**
- ___ **Copy of Lease or Rental Agreement**
- ___ **Current Articles of Incorporation (If your business is a corporation)**
- ___ **Current By-Laws (If applicable)**
- ___ **Color Photographs of Location (Interior and Exterior)**
- ___ **Diagram of Location (Interior and Exterior)**
- ___ **Current ABC License**

Section 155.628, regarding the sale or service of alcoholic beverages, states the following:

“A Conditional Use Permit shall be required for the establishment, continuation or enlargement of any retail, commercial, wholesale, warehousing or manufacturing business engaged in the sale, storage or manufacture of any type of alcoholic beverage meant for on or off-site consumption. In establishing the requirements for such uses, the City Planning Commission and City Council shall consider, among other criteria, the following:

- a. Conformance with parking regulations.
- b. Control of vehicle traffic and circulation.
- c. Hours and days of operation.
- d. Security and/or law enforcement plans.
- e. Proximity to sensitive and/or incompatible land uses such as schools, religious facilities, recreational or other public facilities attended or utilized by minors.
- f. Proximity to other alcoholic beverage uses to prevent the incompatible and undesirable concentration of such uses in an area.
- g. Control of noise, including noise mitigation measures.
- h. Control of littering, including litter mitigation measures.
- i. Property maintenance.
- j. Control of public nuisance activities, including, but not limited to disturbance of peace, illegal controlled substances activity, public drunkenness, drinking in public, harassment of passerby, gambling, prostitution, sale of stolen goods, public urination, theft, assaults, batteries, acts of vandalism, loitering, curfew violations, sale of alcoholic beverage to a minor, lewd conduct, or excessive police incident responses resulting from the use.”

Thank you for your interest.

City of Santa Fe Springs
Department of Police Services

11576 Telegraph Road • Santa Fe Springs, CA 90670 • (562) 409-1850 • Fax (562) 409-1854

**Supplemental Application for an Alcohol
Sales Conditional Use Permit**

This application is to be completed as a supplement to a full Conditional Use Permit application filed with the City's Department of Planning and Development.

Circle One: Corporation Partnership Sole Proprietor

1. Applicant's Name: _____

Doing Business As: _____

Business Address: _____ Phone: _____

Mailing Address: _____

Residence Address: _____ Phone: _____

____ Age ____ Sex ____ Ht. ____ Wt. ____ Eyes ____ Hair ____ Date of Birth ____ Place of Birth ____ Drivers Lic. #

Have you ever been convicted of a criminal charge other than a minor traffic violation? Yes No

If yes, complete the following:

Court _____ Date _____

Charge _____ Disposition _____

2. Give Name and Address of owner or owners of premises:

3. Describe the type or nature of the business:

4. Give the name of the person exercising authority or control of the location and authorized to accept legal notice of process: _____

5. Do you presently or have you in the past owned or operated a business at other locations for which a Conditional Use Permit or Business Regulatory Permit was required? (Circle one) Yes No

If yes, complete the following for each business:

	<u>Business Name</u>	<u>Address</u>	<u>Dates of Operation</u>	<u>Type of Permit</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

6. Do you have applications for doing business which are under review or are in the process of being granted, suspended or revoked before any regulatory agency? (Circle one) Yes No

If yes, explain by giving the type of action and name of regulatory agency:

7. Have you ever had a business license/permit denied, suspended or revoked? (Circle one) Yes No

If yes, explain: _____

8. Will minors be permitted on the premises? (Circle one) Yes No

9. Describe alcoholic beverages and types of foods to be sold or distributed on the premises:

10. Give days and hours during which alcohol sales are to be conducted:

11. Do you presently hold an alcoholic beverage control license from the Department of Alcoholic Beverage Control? (Circle one) Yes No

If yes, give location and license number: _____

12. Will there be other activities conducted at your place of business? (Circle one)

If yes, please explain: _____

13. Describe any Department of Alcoholic Beverage Control actions now pending:

Applicant is hereby made by the undersigned for a Conditional Use Permit on the property located at:

The correct legal description of the property involved: (Include only the portion proposed to be utilized for the Conditional Use Permit. If the description is lengthy, attach a supplementary sheet.)

Record owner of the property: _____
Name: _____ Phone No. _____
Mailing Address: _____
Date of Purchase: _____

Is this application being filed by the record owner? _____
(If filed by anyone other than the record owner, written authorization signed by the owner ***must*** be attached to this application.)

Representative authorized by the record owner to file this application:
Name: _____ Phone No. _____
Mailing Address: _____
Describe any easements, covenants or deed restrictions, controlling the use of the property:

The conditional Use Permit is requested for the following use:
(Describe in detail the nature of the proposed use, the buildings and other improvements proposed.)

NOTE: It is the responsibility of the applicant to notify the City of changes in the information submitted within this application. Failure to do so may constitute grounds for revocation of the permit.

I solemnly swear that the information contained herein is true and correct to the best of my knowledge and belief. I agree that there shall be full compliance with all state and city laws in the conduct of the activities for which the permit is granted.

Applicant's Signature

Date

***CITY OF SANTA FE SPRINGS
DEPARTMENT OF POLICE SERVICES***

We, the undersigned, state that we are the owners of all the property involved with this petition: (Use an additional sheet if necessary.)

Name: (Please Print) _____ Phone No. _____
Mailing Address: _____

Signature: _____

Name: (Please Print) _____ Phone No. _____
Mailing Address: _____

Signature: _____

CERTIFICATION

I, _____, being duly sworn, depose and say that I am the petitioner in the application for a Conditional Use Permit, and I hereby verify under penalty of the law that the foregoing statements and all statements, maps, plans, drawings, and other data made as part of this application are in all respects true and correct to the best of my knowledge and belief.

Signature: _____

(If signed by other than the record owner,
written authorization must be attached to
this application.)

Subscribed and sworn to before me,
this _____ day of _____,
20____.

Notary Public