



Supplemental Application Form Alcoholic Beverage Sales Establishment

1. Name: _____
2. Business Location: _____
3. Zoning: _____
4. Alcohol license type being applied for: _____
5. Does the establishment currently possess an alcohol sales license? Yes No
If yes, what type? _____ *Include a copy of the current license with your application.
6. Have you and/or your company maintained an alcohol sales license before in the state of California? Yes No
If yes, what type, under what business name, and where? _____
7. How many square feet does the business occupy? _____
8. Proposed business hours: _____

Please fill in Section A and/or Section B as it applies to your business.

A. Off-Site Alcohol Sales

1. What is the percent of gross floor area dedicated to alcohol sales, storage, and display? (Dimension the areas on your floor plan.) _____
2. Is the off-site alcohol sales business at least 300 feet from residentially zoned or used property? Yes No
3. Is the off-site alcohol sales business at least 500 feet from any existing off-site sales establishment? Yes No
4. Is the off-site alcohol sales business at least 600 feet from any church, place of worship, public or private school, park, playground, clinic, hospital, health care facility or convalescent home? Yes No
5. Is the off-site alcohol sales business at least 600 feet from any on-site sales establishments, other than restaurants serving alcohol (i.e. bars)? Yes No

B. On-Site Alcohol Sales Establishments

1. How many parking spaces exist within the shopping center? _____ parking spaces
Provide a parking survey. A parking survey is a site plan with each parking space dimensioned and numbered. Identify each use in the center and show the respective square feet of that use. To accompany the site plan, provide a spreadsheet showing the address, suite number, business name, type of use, square feet occupied, and amount of parking spaces required by the Tustin City Code for each business.
2. Is live entertainment and/or dancing proposed for the establishment? Yes No
If yes, what type? _____ *Show entertainment areas on the floor plan.
3. Are games proposed in association with the establishment? Yes No. Number of games _____
If yes, indicate the location any types of games on the floor plan.
4. How many tables and chairs are associated with the establishment? Tables _____ Chairs _____
*Show and number all tables and chairs on your floor plan.
5. Is outdoor seating proposed? Yes No
If yes, show the location on the site and floor plan, including any proposed barriers.

B1. On Site Alcohol Sales Establishments, non Restaurants

1. Is the on-site alcohol sales business at least 1,000 feet from residentially zoned or used property? Yes No
2. Is the on-site alcohol sales business at least 1,000 feet from any other existing on-site alcohol sales establishment, excluding restaurants? Yes No
3. Is the on-site alcohol sales business at least 1,000 feet from any church, place of worship, public or private school, park, playground, clinic, hospital, health care facility or convalescent home? Yes No
4. Will food be served at the establishment? Yes No

B2. On-Site Alcohol Sales Establishments, Restaurants

1. What percent of alcohol versus food sales are estimated for the establishment?
Alcohol _____% Food _____%
2. Will the restaurant have a physically separate bar area? Yes No
If yes, show the bar area on your floor plan.

Certification

I hereby certify that the statements furnished above and in the attached exhibits present the data and information required for this initial evaluation to the best of my ability and that the facts, statements, and information presented are true and correct to the best of my knowledge and belief.

Applicant Signature

Print Name & Title

Date
