Supplemental Application Form
| Alcoholic Beverage Sales Establishment

Please attach a detailed business operations plan with application submittal.

1. Name: _____

2. Business Location: _____

3. Zoning: _____

4. Alcohol license type being applied for: _____

5. Does the establishment currently posses 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: _____

9. How many employees will be employed? _____

10. Is the establishment a standalone business? □Yes □No

   If no, list all other locations. _____

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 on plan)

      _____

   2. What is the projected percent of gross alcohol sales? (Shall not exceed 50%) _____

   3. Is the off-site alcohol sales business at least 1,000 feet from any public or private school (K-12)? □Yes □No

      * Provide a school map indicating a 1,000 foot radius measured from building walls of the subject business.

B.   On-Site Alcohol Sales Establishments

   1. Will food be served at the establishment □Yes □No

   2. What percent of alcohol versus food sales are estimated for the establishment?

      Alcohol _____% Food _____%

   3. What is the percent of gross floor area dedicated to alcohol sales, storage, and display? (Dimension the areas

   on your 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.

   6. Will there be a physically separate bar area? □Yes □No

      If yes, show the bar area on your floor plan.

B. On-Site Alcohol Sales Establishments (Continued)

    7. Is live entertainment and/or dancing proposed for the establishment? ☐Yes ☐No

      If yes, what type? _____ **Show entertainment areas on the floor plan.*

    8. Are any games proposed in association with the establishment? ☐Yes ☐No Number of games _____

      If yes, indicate the location of any types of games on the floor plan.

Grounds for Revocation

Any Conditional Use Permit related to alcoholic beverage sales establishments may be revoked by the Planning Commission (Ord. No. 1493) in the manner herein set forth if the establishment creates undue burden on the surrounding area, the Tustin Police Department, Code Enforcement and if any of the conditions of approval are violated.

An establishment shall be considered to have created an undue burden to the surrounding area and/or City resources if any of the following occur:

- Issuance of three (3) Notices of Violation or Citations within a twelve (12) month period either from the Community Development Department, Police Department, and/or Fire Marshall;

- The imposition of disciplinary action of finding of violation by the Department of Alcoholic Beverage Control;

- Six (6) documented instances within a twelve (12) month period of activities detrimental to the public health safety , and/or welfare of persons residing visiting or working in the neighborhood or injurious to the property or improvement in the area; and or

- Any critical incident occurring on or in the premises or in connection with the operation on the premises as determined by the Community Development Director in consultation with the Police Department.

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