City of Reedley
Community Development Department
1733 Ninth Street
Reedley, CA 93654
(559) 637-4200
https://reedley.ca.gov

Alcohol Sales Questionnaire

Please complete this supplemental questionnaire to assist in the evaluation and processing of your special permit (CUP) application. If you have any questions or if you wish to obtain information on processing schedules, please contact the Community Development Department at (559) 637-4200, Option 3, Press 1 or via e-mail at planning@reedley.ca.gov.

The answers to the following must be made complete and full (please attach additional sheets if Necessary). Application approval is based upon the "Required Findings", pursuant to the Reedley Municipal Code, Title 10, Zoning Regulations. If your response is not legible, or does not contain the required information listed below, your application will not be accepted as complete for processing and/or may extend the length of time needed to review this project.

Location of Proposed Alcohol Sales (Business Address): _____

APN: _____

Entitlement No. (if known): _____

1. How long has the existing/proposed business owner operated this business or a similar business? (Indicate whether business has a current ABC license and which type of ABC license)

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2. What existing/proposed security measures are proposed? If an existing business, also include what existing security measures are in place. (Examples of security measures include video surveillance, door monitors, burglar alarm systems, lighting, parking lot monitoring, training on alcohol sales and service, locking of any alcohol display areas, cash register location, noise reduction measures, etc.)

If you are proposing any special events such as live music, attach a detailed security plan.

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3. IF the conditional use permit application were approved and an ABC License were obtained, what impact or affect would it have on your neighbors or surrounding development?

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4. Is there any deed, covenant or other recorded restrictions, which would prohibit the granting of this conditional use permit application? If so, please provide an explanation. Give expiration date of these restrictions. Write N/A if not applicable.

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5. IF there is an over concentration of ABC licenses within the Census Tract where the subject property is located and a Finding of Public Convenience or Necessity (PCN) is requested, why will the issuance of the alcoholic beverage license under consideration serve the public convenience or necessity? The response shall include, but not be limited to the following, unless previously stated in this questionnaire or shown on the site plan/floor plan submitted: facts demonstrating the public convenience or necessity, including a physical description of the premises, the type of business to be conducted on the premises, unique or unusual features or services offered in connection with such business and other facts the applicant deems pertinent. Write N/A if a finding of PCN is not required.

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I verify that I am submitting all the required materials on this checklist and I acknowledge that failure to comply with these requirements may result in my application not being accepted and/or may extend the length of time needed to review this project.

Applicant's Signature: _____ Date: _____

Print Signatory's Name: _____