

**CITY OF LANCASTER
INVESTIGATORS REPORT**

Alcoholic Beverage Establishment – Conditional Use Permit (CUP) Application Investigation.

<input type="checkbox"/> New location <input checked="" type="checkbox"/> Existing location / change in operation (LMC 17.42.020)		CUP number: 20-01	Planner assigned: Monique Garibay	Date: 2/24/2020
--	--	-----------------------------	---	---------------------------

Business name: 7-Eleven, Inc.	Address: 1859 W. Avenue J.	Phone: (949)235-9538	Primary on-sale <input checked="" type="checkbox"/> / off-sale <input type="checkbox"/> Incidental on-sale <input type="checkbox"/> / off-sale <input type="checkbox"/> Bona fide restaurant <input type="checkbox"/>
---	--------------------------------------	--------------------------------	---

ABC License number:	ABC license type(s): Type-20	Health Dept. License No.	Occupancy certificate classification:	Fire inspection date:
---------------------	--	--------------------------	---------------------------------------	-----------------------

Applicant name: Last, First, MI Applicant is a corporation with P12 status	DOB:	Driver license number:	Phone: (949) 235-9538
--	------	------------------------	---------------------------------

Total gross square footage of business: <input checked="" type="checkbox"/> 0-100,000 <input type="checkbox"/> Greater than 100,000	Square footage of sales floor / shelf area for display / sale of alcohol: 1,844 sq. ft. / 15 linear ft. - 3.9% of total shelf space
---	---

BUSINESS ACTIVITIES / USES

Live band(s)
 Dancing
 Music/DJ's
 Juke box
 Floor shows
 Pay-per-view sports events
 Arcade games / pool tables

Other (describe): **Convenience store and gas station**

By signing below, I hereby authorize the City of Lancaster to conduct an investigation to assess my compliance with applicable laws and regulations pertaining to this application and to verify the accuracy of information provided in this application. I understand any incompleteness or falsification of any fact may result in denial of this application or revocation of any license or permit issued. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature:  Date: 2-24-2020

Print name: Adan Madrid (Representative)

DO NOT WRITE BELOW THIS LINE

PRIMARY ALCOHOLIC BEVERAGE ESTABLISHMENT NEIGHBORHOOD SCREENING FACTORS	COMMENTS
1. Public assembly, less than 500 feet distance: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
2. Public / private school (K-12): less than 1,000 feet distance: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
3. Day care center: less than 300 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
4. Residential use / residentially designated property: less than 300 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
5. Existing primary alcoholic beverage establishment: less than 500 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
6. Public park: less than 500 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
7. Hospital: less than 500 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	

INCIDENTAL ALCOHOLIC BEVERAGE ESTABLISHMENT NEIGHBORHOOD SCREENING FACTORS	COMMENTS
1. Public assembly: less than 300 feet distance: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
2. Public / private school (K-12): less than 500 feet distance: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
3. Day care center: less than 300 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
4. Residential use / residentially designated property: less than 300 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
5. Existing primary alcoholic beverage establishment: less than 300 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
6. Public park: less than 500 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	
7. Hospital: less than 500 feet: <input checked="" type="checkbox"/> N <input type="checkbox"/> Y	

PUBLIC SAFETY FACTORS

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Would this operation be a detriment to public safety?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Excessive law enforcement calls for service / arrests?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. ABC license restrictions / conditions?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Evidence that intended use is other than stated?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Bona fide restaurant (see LMC 17.42.020)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Other factors:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Approval recommended?
8. Mitigation measures:		

COMMENTS / RECOMMENDATIONS

Investigating Officer Name: L. JORDAN DEPUTY LASD/LAN	Title:	Assignment: (661)940-3831	Phone:	Date: 2/3/20
---	--------	-------------------------------------	--------	------------------------