


CITY OF LANCASTER
INVESTIGATORS REPORT
 Alcoholic Beverage Establishment – Conditional Use Permit (CUP) Application Investigation.

APPLICATION TYPE <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
ABC License number: 		ABC license type(s): Type-20	Health Dept. License No.: 	Occupancy certificate classification:
Applicant name: Applicant is a corporation with P12 status		Last, First, MI: 	DOB: 	Driver license number:
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 <input type="checkbox"/> Live band(s) <input type="checkbox"/> Dancing <input type="checkbox"/> Music/DJ's <input type="checkbox"/> Juke box <input type="checkbox"/> Floor shows <input type="checkbox"/> Pay-per-view sports events <input type="checkbox"/> Arcade games / pool tables <input checked="" type="checkbox"/> 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. Religious 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. Religious 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 1. <input type="checkbox"/> <input checked="" type="checkbox"/> 2. <input type="checkbox"/> <input checked="" type="checkbox"/> 3. <input type="checkbox"/> <input checked="" type="checkbox"/> 4. <input type="checkbox"/> <input checked="" type="checkbox"/> 5. <input type="checkbox"/> <input checked="" type="checkbox"/> 6. <input type="checkbox"/> <input checked="" type="checkbox"/> 7. <input type="checkbox"/> <input checked="" type="checkbox"/> 8. Mitigation measures:	Would this operation be a detriment to public safety? Excessive law enforcement calls for service / arrests? ABC license restrictions / conditions? Evidence that intended use is other than stated? Bona fide restaurant (see LMC 17.42.020)? Other factors: Approval recommended?			
COMMENTS / RECOMMENDATIONS 				
Investigating Officer Name: L. JORDAN DEPUTY LASD/LAN Title: DEPUTY Assignment: LAN Phone: (661)940-3831 Date: 3/3/20				