

**CITY OF LANCASTER  
INVESTIGATORS REPORT**

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

APPLICATION TYPE <input type="checkbox"/> New location <input type="checkbox"/> Existing location / change in operation (LMC 17.42.020)		CUP number:	Planner assigned:	Date:
Business name:		Address:	Phone:	Primary on-sale <input 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):	Health Dept. License No.	Occupancy certificate classification:	Fire inspection date:
Applicant name: Last, First, MI		DOB:	Driver license number:	Phone:

Total gross square footage of business: <input type="checkbox"/> 0-100,000 <input type="checkbox"/> Greater than 100,000	Square footage of sales floor / shelf area for display / sale of alcohol:
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**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):

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: \_\_\_\_\_

Print name: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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

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

COMMENTS / RECOMMENDATIONS

Investigating Officer Name:	Title:	Assignment:	Phone:	Date:
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