CITY OF LANCASTER INVESTIGATORS REPORT

Alcoholic Beverage Establishment – Application Investigation

| APPLICATION TYPE | | | Record number: | | Planner assigned: | Date: |
|--|----------------------|-----------------|----------------------------|--------|-----------------------------|---|
| New location | | | | | | |
| Existing location / change in operation (LMC 17.42.020) | | | | | | |
| Business name: | Address: | | | Phone: | | mary on-sale / off-sale ental on-sale / off-sale Bona fide restaurant |
| ABC License number: | ABC license type(s): | Health Dept. Li | alth Dept. License No. Occ | | certificate classification: | Fire inspection date: |
| Applicant name: Last | , First, MI | | DOB: | Drive | license number: | Phone: |
| Total gross square footage of business: Square footage of sales floor / shelf area for display / sale of alcohol: | | | | | | |
| 0-100,000 Greater than 100,000 | | | | | | |
| 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 | | | | | | |
| PRIMARY ALCOHOLIC BEVERAGE ESTABLISHMENT COMMENTS | | | | | | |
| NEIGHBORHOOD SCREENING FACTORS 1. Religious assembly: Less than 300 feet distance: 2. Public / private school (K-12): less than 1,000 feet distance: N Y 3. Day care center: less than 300 feet: 4. Residential use / residentially designated property: less than 300 feet: 5. Existing primary alcoholic beverage establishment: less than 500 feet: 6: Public park: less than 500 feet: 7: Hospital: less than 500 feet: N Y | | | | | | |
| INCIDENTAL ALCOHOLIC BEVERAGE ESTABLISHMENT COMMENTS NEIGHBORHOOD SCREENING FACTORS | | | | | | |
| 1. Religious assembly: Less than 300 feet distance: 2. Public / private school (K-12): less than 500 feet distance: 3. Day care center: less than 500 feet: 4. Residential use / residentially designated property: less than 300 feet: 5. Existing primary alcoholic beverage establishment: less than 300 feet: 6. Public park: less than 500 feet: 7. Hospital: less than 500 feet: N Y | | | | | | |
| PUBLIC SAFETY FACTORS | | | | | | |
| Yes No 1. Would this operation be a detriment to public safety? 2. Excessive law enforcement calls for service / arrests? 3. ABC license restrictions / conditions? 4. Evidence that intended use is other than stated? 5. Bona fide restaurant (see LMC 17.42.020)? 6. Other factors: 7. Approval recommended? 8. Mitigation measures: | | | | | | |
| COMMENTS / RECOMMENDATIONS | | | | | | |
| | | | | | | |
| Investigating Officer Name: | Title: | Assig | nment: | Ph | one: | Date: |
| | | | | | | |

Rev: 1/2023