

**INFORMATION AND INSTRUCTIONS -**

**SECTION 23958.4 B&P**

Instructions This form is to be used for all applications for original issuance or premises to premises transfer of licenses.

- Part 1 is to be completed by an ABC employee, given to applicant with pre-application package, with copy retained in holding file or applicant's district file.
- Part 2 is to be completed by the applicant, and returned to ABC.
- Part 3 is to be completed by the local governing body or its designated subordinate officer or body, and returned to ABC.

**PART 1 - TO BE COMPLETED BY ABC**

1. APPLICANT'S NAME

WATTGORLEY Robin Elizabeth

2. PREMISES ADDRESS (Street number and name, city, zip code)

3401 Point Sal Rd #3 Casmalia 93429

3. LICENSE TYPE

20

4. TYPE OF BUSINESS

- |                                                       |                                            |                                              |                                            |
|-------------------------------------------------------|--------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Full Service Restaurant      | <input type="checkbox"/> Hofbrau/Cafeteria | <input type="checkbox"/> Cocktail Lounge     | <input type="checkbox"/> Private Club      |
| <input type="checkbox"/> Deli or Specialty Restaurant | <input type="checkbox"/> Comedy Club       | <input type="checkbox"/> Night Club          | <input type="checkbox"/> Veterans Club     |
| <input type="checkbox"/> Cafe/Coffee Shop             | <input type="checkbox"/> Brew Pub          | <input type="checkbox"/> Tavern: Beer        | <input type="checkbox"/> Fraternal Club    |
| <input type="checkbox"/> Bed & Breakfast:             | <input type="checkbox"/> Theater           | <input type="checkbox"/> Tavern: Beer & Wine | <input type="checkbox"/> Wine Tasting Room |
| <input type="checkbox"/> Wine only                    | <input type="checkbox"/> All               |                                              |                                            |

- |                                             |                                            |                                                        |                                                |
|---------------------------------------------|--------------------------------------------|--------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Supermarket        | <input type="checkbox"/> Membership Store  | <input type="checkbox"/> Service Station               | <input type="checkbox"/> Swap Meet/Flea Market |
| <input type="checkbox"/> Liquor Store       | <input type="checkbox"/> Department Store  | <input checked="" type="checkbox"/> Convenience Market | <input type="checkbox"/> Drive-in Dairy        |
| <input type="checkbox"/> Drug/Variety Store | <input type="checkbox"/> Florist/Gift Shop | <input type="checkbox"/> Convenience Market w/Gasoline |                                                |
| <input type="checkbox"/> Other - describe:  |                                            |                                                        |                                                |

5. COUNTY POPULATION

6. TOTAL NUMBER OF LICENSES IN COUNTY

- On-Sale  Off-Sale

7. RATIO OF LICENSES TO POPULATION IN COUNTY

- On-Sale  Off-Sale

8. CENSUS TRACT NUMBER

26.03

9. NO. OF LICENSES ALLOWED IN CENSUS TRACT

7  On-Sale  Off-Sale

10. NO. OF LICENSES EXISTING IN CENSUS TRACT

0  On-Sale  Off-Sale

11. IS THE ABOVE CENSUS TRACT OVERCONCENTRATED WITH LICENSES? (i.e., does the ratio of licenses to population in the census tract exceed the ratio of licenses to population for the entire county?)

- Yes, the number of existing licenses exceeds the number allowed
- No, the number of existing licenses is lower than the number allowed

12. DOES LAW ENFORCEMENT AGENCY MAINTAIN CRIME STATISTICS?

- Yes (Go to Item #13)  No (Go to Item #20)

13. CRIME REPORTING DISTRICT NUMBER

14. TOTAL NUMBER OF REPORTING DISTRICTS

15. TOTAL NUMBER OF OFFENSES IN ALL REPORTING DISTRICTS

16. AVERAGE NO. OF OFFENSES PER DISTRICT

17. 120% OF AVERAGE NUMBER OF OFFENSES

18. TOTAL NUMBER OF OFFENSES IN REPORTING DISTRICT

19. IS THE PREMISES LOCATED IN A HIGH CRIME REPORTING DISTRICT? (i.e., has a 20% greater number of reported crimes than the average number of reported crimes as determined from all crime reporting districts within the jurisdiction of the local law enforcement agency)

- Yes, the total number of offenses in the reporting district equals or exceeds the total number in item #17
- No, the total number of offenses in the reporting district is lower than the total number in item #17

20. CHECK THE BOX THAT APPLIES (check only one box)

- a. If "No" is checked in both item #11 and item #19, Section 23958.4 B&P does not apply to this application, and no additional information will be needed on this issue. Advise the applicant to bring this completed form to ABC when filing the application.
- b. If "Yes" is checked in either item #11 or item #19, and the applicant is applying for a non-retail license, a retail bona fide public eating place license, a retail license issued for a hotel, motel or other lodging establishment as defined in Section 25503.16(b) B&P, or a retail license issued in conjunction with a beer manufacturer's license, or winegrower's license, advise the applicant to complete Section 2 and bring the completed form to ABC when filing the application or as soon as possible thereafter.
- c. If "Yes" is checked in either item #11 or item #19, and the applicant is applying for an off-sale beer and wine license, an off-sale general license, an on-sale beer license, an on-sale beer and wine (public premises) license, or an on-sale general (public premises) license, advise the applicant to take this form to the local governing body, or its designated subordinate officer or body to have them complete Section 3. The completed form will need to be provided to ABC in order to process the application.

Governing Body/Designated Subordinate Name:

Board of Supervisors

**FOR DEPARTMENT USE ONLY**

PREPARED BY (Name of Department Employee)

**PART 2 - TO BE COMPLETED BY THE APPLICANT (If box #20b is checked)**

21. Based on the information on the reverse, the Department may approve your application if you can show that public convenience or necessity would be served by the issuance of the license. Please describe below the reasons why issuance of another license is justified in this area. You may attach a separate sheet or additional documentation, if desired. Do not proceed to Part 3.

*The Casmaleia General Store is the only store in the community.*

22. APPLICANT SIGNATURE  
*Robert J. Watt-Hay*

23. DATE SIGNED  
*2-15-11*

**PART 3 - TO BE COMPLETED BY LOCAL OFFICIALS (If box #20c is checked)**

The applicant named on the reverse is applying for a license to sell alcoholic beverages at a premises where undue concentration exists (i.e., an over-concentration of licenses and/or a higher than average crime rate as defined in Section 23958.4 of the Business and Professions Code). Sections 23958 and 23958.4 of the Business and Professions Code requires the Department to deny the application unless the local governing body of the area in which the applicant premises are located, or its designated subordinate officer or body, determines within 90 days of notification of a completed application that public convenience or necessity would be served by the issuance.

Please complete items #24 to #30 below and certify or affix an official seal, or attach a copy of the Council or Board resolution or a signed letter on official letterhead stating whether or not the issuance of the applied for license would serve as a public convenience or necessity.

24. WILL PUBLIC CONVENIENCE OR NECESSITY BE SERVED BY ISSUANCE OF THIS ALCOHOLIC BEVERAGE LICENSE?  
 Yes       No       See Attached (i.e., letter, resolution, etc.)

25. ADDITIONAL COMMENTS, IF DESIRED (may include reasons for approval or denial of public convenience or necessity):

Blank lined area for additional comments.

26. CITY/COUNTY OFFICIAL NAME	27. CITY/COUNTY OFFICIAL TITLE	28. CITY/COUNTY OFFICIAL PHONE NUMBER
29. CITY/COUNTY OFFICIAL SIGNATURE	30. DATE SIGNED	