SALUD CARBAJAL

First District

JANET WOLF Second District, Vice Chair

DOREEN FARR

Third District

JONI GRAY Fourth District

JOSEPH CENTENO

Fifth District, Chair



## **BOARD OF SUPERVISORS**

County Administration Building 105 East Anapamu Street Santa Barbara, CA 93101 Telephone: (805) 568-2190 www.countyofsb.org

## **COUNTY OF SANTA BARBARA**

January 5, 2010

Department of Alcohol Beverage Control Attn: Matthew Austin 3220 S. Higuera St., Ste. 305 San Luis Obispo, CA 93401

Re: Public Convenience Determination for Wine Country

Dear Mr. Austin:

This letter is to advise the Department of Alcohol Beverage Control that the Board of Supervisors of the County of Santa Barbara has determined that public convenience will be served if a Type 42 On-Sale Beer and Wine license for Wine Country be transferred from Los Olivos to 130 N. Broadway, Orcutt, CA for a wine tasting room.

The Board made this decision at its January 5, 2010 Board meeting.

Sincerely,

Chair

Santa Barbara County Board of Supervisors

Wine Country cc:

> Duggan O'Neill Enterprises, LLC 2445 Alamo Pintado Ave. Los Olivos, CA 93441

State of California ARNOLD SCHWARZENEGGER, Governor

Department of Alcoholic Beverage Control

## 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.

|                                                                                                                                                                                                                              | cted by two loans Zo . 41 may B                                                       | ,                            |                                    |                                  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------|------------------------------------|----------------------------------|--|
| ART 1 - TO BE COMPLETED BY A                                                                                                                                                                                                 | BC                                                                                    |                              |                                    | 14 10 11 11                      |  |
| APPLICANT'S NAME                                                                                                                                                                                                             | VOED LLO                                                                              | )                            | •                                  | •                                |  |
| DUGGAN ONEILL ENTERPE<br>PREMISES ADDRESS (Street number and name, cit                                                                                                                                                       | 3. LICENSE TYPE                                                                       | 3. LICENSE TYPE              |                                    |                                  |  |
| 130 N Broadway St Ste A Ord                                                                                                                                                                                                  |                                                                                       | •                            |                                    | 42                               |  |
| 4. TYPE OF BUSINESS                                                                                                                                                                                                          |                                                                                       |                              |                                    |                                  |  |
| Full Service Restaurant                                                                                                                                                                                                      | Hoforau/Cafeteria                                                                     | Cocktail Lounge              | Private Clul                       |                                  |  |
| Deli or Specialty Restaurant                                                                                                                                                                                                 | Comedy Club                                                                           | Night Club                   | Veterans C                         | lub                              |  |
| Cere/Coffee Shop                                                                                                                                                                                                             | Brew Pub                                                                              | Tavern: Beer                 | Fraternal C                        | lub                              |  |
| Bed & Breakfast:                                                                                                                                                                                                             | Theater                                                                               | Tavem: Beer & Wine           | . X Wine Tastii                    | ng Room                          |  |
| Wine only All                                                                                                                                                                                                                | _                                                                                     |                              |                                    |                                  |  |
| Supermarket                                                                                                                                                                                                                  | Membership Store                                                                      | Service Station              | Swap Meet                          | /Flea Market                     |  |
| Liquor Store                                                                                                                                                                                                                 | Department Store                                                                      | Convenience Market           | Drive-in Da                        | iry                              |  |
| Drug/Variety Store                                                                                                                                                                                                           | Florist/Gift Shop                                                                     | Convenience Market w         | /Gasoline                          | •                                |  |
| Other - describe:                                                                                                                                                                                                            |                                                                                       |                              |                                    |                                  |  |
| 5. COUNTY POPULATION                                                                                                                                                                                                         | 6. TOTAL NUMBER OF LICENSES                                                           | IN COUNTY                    | 7. RATIO OF LICENSES TO POPULA     | TION IN COUNTY                   |  |
| S. COUNTY OF CENTRAL                                                                                                                                                                                                         | . i                                                                                   | On-Sale Off-Sale             |                                    | On-Sale Off-Sale                 |  |
| A CENSUS TRACT NUMBER                                                                                                                                                                                                        | B. NO. OF LICENSES ALLOWED IN                                                         | CENSUS TRACT                 | 10, NO. OF LICENSES EXISTING IN    | CENSUS TRACT                     |  |
| 0020.12 11. IS THE ABOVE CENSUS TRACT OVERCONCEN                                                                                                                                                                             | - 6                                                                                   | X On-Sale Off-Sale           | 8                                  | X On-SalejOff-Sale               |  |
| X Yes, the number of existing licenses No, the number of existing licenses i DOES LAW ENFORCEMENT AGENCY MAINTAL Yes (Go to Item #13) CRIME REPORTING DISTRICT NUMBER                                                        | s lower than the number allowe                                                        | ed<br>ING DISTRICTS          | 15. TOTAL NUMBER OF OFFENSES       | •                                |  |
| 18. AVERAGE NO. OF OFFENSES PER DISTRICT                                                                                                                                                                                     | ! .                                                                                   | ,                            |                                    |                                  |  |
| 19. IS THE PREMISES LOCATED IN A HIGH CRIME reporting districts within the jurisdiction of the local Yes, the total number of offenses in the No, the total number of offenses in the second second second second second sec | the reporting district equals or                                                      | exceeds the total number in  | item #17                           | nes as determined from all crime |  |
| OUT ON THE DOY THAT ADDI IED Johank only of                                                                                                                                                                                  | ne hay)                                                                               |                              |                                    |                                  |  |
| e. If "No" is checked in both item needed on this issue. Advise the a                                                                                                                                                        | #11 <u>and</u> item #19 <u>, Section 239</u><br>applicant to bring this completed     | d form to ABC when filing th | e application.                     |                                  |  |
| b. If "Yes" is checked in either iter<br>a retail license issued for a hotel, n<br>with a beer manufacturer's license,<br>the application or as soon as possi                                                                | notel or other lodging establish:<br>. or winegrower's license, advis:                | ment as defined in Section / | (3303, 10(0) 120(2) 9) 4 (4(4) 104 | TIGE MOUNT IN CONTROLL           |  |
| X c. If "Yes" is checked in either iter on-sale beer license, an on-sale be this form to the local governing both be provided to ABC in order to pro-                                                                        | eer and wine (public premises) by, or its designated subordinate cess the application | linance or on ch-tale care   | rai minnic premisesi licelise, ac  | IAIDA (I) A SINDUMBLIK IN (SIVE) |  |
| Governing Body/Designated Subon                                                                                                                                                                                              | linate Name: COM VI                                                                   | J. HAMMIN                    | 710V1 - Q (VVV                     |                                  |  |
| FOR DEPARTMENT USE ONLY PREPARED BY (Name of Department Employee)                                                                                                                                                            |                                                                                       |                              |                                    |                                  |  |
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| RT 2 - TO BE COMPLETED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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