



711 W. Cinnamon Drive • Lemoore, CA 93245 • Planning (559) 924-6744, Ext. 740  
Community Development Department

**APPLICATION FOR DETERMINATION OF PUBLIC CONVENIENCE AND NECESSITY**

This application is to be completed when new Alcoholic Beverage License or change in type of existing Alcoholic Beverage License is needed. The purpose of this application is to have information for Community Development Department to determine whether the issuance of the license would serve public convenience and necessity.

The following documents are required to be a complete application:

- a. Application form (filled out completely).
- b. Copy of application to ABC showing the type of License applied for.
- c. Certification or other evidence acceptable to the Community Development Department that the applicant is the owner of the premises for which the license is to be issued or is the authorized representative of the owner.
- d. Map showing all properties within 300 ft. radius of subject property
- e. Names and addresses of the property owners within 300 ft. of the subject property from the Kings County Tax Roll, not more than 30 days old, certified by the applicant, and typed on mailing labels.
- f. Application filing fee. (Cash or Check)

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To be completed by the applicant:

1. BUSINESS OWNER/APPLICANT:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

2. PROPERTY OWNER/AUTHORIZED AGENT:

Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

3. Business Name, Address, and Telephone No.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Zone District Classification: \_\_\_\_\_

5. Area of Site : \_\_\_\_\_

6. Building Floor Area: \_\_\_\_\_

7. Describe in detail the proposed Alcoholic Beverage business: \_\_\_\_\_  
\_\_\_\_\_

8. Daily hours of operation of the proposed business: \_\_\_\_\_  
\_\_\_\_\_

10. Type of Alcoholic Beverage License requested from ABC: \_\_\_\_\_  
\_\_\_\_\_

11. Date application made to ABC: \_\_\_\_\_

12. Name, address and telephone number of Person of contact in ABC office: \_\_\_\_\_  
\_\_\_\_\_

13. Describe, why and how the issuance of the Alcoholic Beverage License will serve in terms of public convenience or necessity:

(i) For the immediate vicinity of the proposed location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) For the City of Lemoore: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Signature: \_\_\_\_\_  
(Owner or Authorized Agent)

Print Name: \_\_\_\_\_

15. Date: \_\_\_\_\_

16. Signature: \_\_\_\_\_  
(Owner or Authorized Agent)

Print Name: \_\_\_\_\_

17. Date: \_\_\_\_\_

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FOR OFFICE USE ONLY

Application received by \_\_\_\_\_ on \_\_\_\_\_

1. Notice of hearing published on: \_\_\_\_\_

2. Notices to adjoining property owners mailed on: \_\_\_\_\_

3. Hearing held on: \_\_\_\_\_ Department Action: \_\_\_\_\_

4. Letter of action to ABC mailed on: \_\_\_\_\_