

**ALCOHOL SERVICE  
ESTABLISHMENTS**  
 Supplement to Planning Application  
*(pursuant to WCMC Section 10-2.3.1207)*  
 Community Development Department, Planning Division  
 1666 North Main Street  
 Walnut Creek, CA 94596  
 (925) 256-3558 information (925) 256-3500 fax  
[www.walnut-creek.org](http://www.walnut-creek.org) website

*For Staff Use Only  
(Date Stamp)*

Work Order #: \_\_\_\_\_  
 Parcel Map #: \_\_\_\_\_  
 Received By: \_\_\_\_\_

**PLEASE INCLUDE ALL RELEVANT CONTACT INFORMATION**

**BUSINESS NAME OF ESTABLISHMENT:** \_\_\_\_\_

**STREET ADDRESS OF ESTABLISHMENT:** \_\_\_\_\_ **APN:** \_\_\_\_\_

**TYPE OF ABC LICENSE:** \_\_\_\_\_ **ABC LICENSE NUMBER:** \_\_\_\_\_

**APPLICANT**

NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 CELL #: \_\_\_\_\_  
 OTHER PHONE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**BUSINESS MANAGER / OPERATOR**

NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 CELL #: \_\_\_\_\_  
 OTHER PHONE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**AUTHORIZED RECIPIENT OF LEGAL NOTICES**

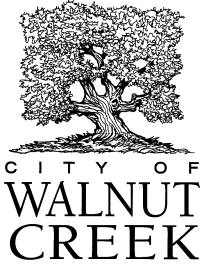
NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 CELL #: \_\_\_\_\_  
 OTHER PHONE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**LICENSE HOLDER**

NAME: \_\_\_\_\_  
 COMPANY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
 CELL #: \_\_\_\_\_  
 OTHER PHONE #: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

**ATTACH HERETO:**

- The true and complete name and address of each lender or shareholder with a five percent or more financial interest in the proposed business and any other person to whom a share or percentage of income of the establishment is to be paid.
- A business plan describing all operational aspects of the proposed business, including if there is to be live entertainment or dancing.
- A scaled plot plan for the property depicting the location of the building in which the establishment is proposed to be located and all existing and proposed parking, exterior lighting, signs, landscaping, trash enclosures, waiting, or queuing areas.
- A scaled floor plan of the establishment showing all seating and dining areas, bar areas, location of fixed and movable tables and chairs, waiting areas, dancing areas, live entertainment areas, restrooms, occupancy, building type, and any other information necessary to establish the mode and character of operation.
- Site photographs of the interior, exterior, and context.
- A location map and the name and address of all existing schools, churches, hospitals, playgrounds, and other alcoholic beverage establishments within 600 feet of the premises.



# STATEMENT OF OWNERSHIP

## Alcohol Service Establishments Supplement to Planning Application

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[www.walnut-creek.org](http://www.walnut-creek.org) *website*

Provide the true and complete name and address of each lender or shareholder with a five percent or more financial interest in the proposed business and any other person to whom a share or percentage of income of the establishment is to be paid.

**OWNER 1**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER 4**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER 2**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER 5**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER 3**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**OWNER 6**

NAME: \_\_\_\_\_  
COMPANY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
CELL #: \_\_\_\_\_  
OTHER PHONE #: \_\_\_\_\_  
EMAIL: \_\_\_\_\_