CONDITIONAL USE PERMIT EXEMPTION (CUPEx) APPLICATION

Project Address: _____ Long Beach, CA 908____

Business Name: _____

Applicant Name: _____ Ph: _____ Fax: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____ Email: _____

Applicant Signature(s): _____

Contact Person Name, Phone No. (if different): _____

Property Owner: _____ Ph:_____ Fax: _____

Address: _____ City:_____ State: _____ ZIP: _____

(I/We), the undersigned, declare under penalty of perjury under the laws of the State of California that (I am/We are) the owner(s) of the property involved in this application; that the information on all plans, drawings and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct.

Property Owner Signature: _____ Date: _____

Exemption Requested:

☐ Restaurant, alcohol sale with meal services only. No fixed bar permitted. Alcohol sales not to exceed 30% of total gross sales.

☐ More than 500 feet from a Zoning district allowing residential use.

☐ Existing legal nonconforming use.

☐ Grocery store, 20,000 square feet or greater, with accessory sale of alcoholic beverages.

If site is currently licensed, what type of alcohol license does it have? _____

What type of alcohol license are you requesting?
☐ 20   ☐ 21   ☐ 40   ☐ 41   ☐ 42   ☐ 47   ☐ 48

Please include with this application:

- One set of floor plans;
- Photographs of the building street frontage, exterior, and interior, mounted on 8½" x 11" sheets of paper; and
- Affidavit form the California ABC Department, signed by the applicant.

BELOW THIS LINE FOR STAFF USE ONLY

Counter Staff Review:	Filing date:	Application No.: