

Town of Apple Valley Letter of Public Convenience



Department of Alcoholic Beverage Control 3737 Main Street, Suite 900 Riverside, CA. 92501 (951) 782-4400

LETTER OF PUBLIC CONVENIENCE AND NECESSITY Initial Deposit: \$211.00

Date Request Received: **APPLICANT INFORMATION:** Applicant's Name: Applicant's Address: Premises Address: License Type: Type of Business: LAW ENFORCEMENT: High Crime Rate Location: Yes____ No____ Distance to Nearest Church or Hospital: Distance to Nearest School, Park, or Youth Facility: Complaints Against Applicant: Yes____ No____ Police Problems If License Issued: Yes____ No____ Additional Remarks/Explanation: Officers Signature: _____ Date: _____ **PLANNING:** Permitted Use: Yes No____ Conflicts With Public Necessity and Convenience: Yes_____ No____ Planner's Signature: Date:_____ APPROVED: DENIED: Reasons for Approval or Denial: BY: _____ DATE: _____ TITLE:

Note: This decision may be appealed to the Town Council

The Town of Apple Valley
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