



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: \$243.00**

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