



CITY OF ENCINITAS
Development Services Department
505 S. Vulcan Ave
Encinitas, CA 92024
www.encinitasca.gov
Phone: 760-633-2710
Email: planning@encinitasca.gov

ALCOHOL SERVICE ESTABLISHMENT – NEW APPLICATION SUPPLEMENT

All use permit applications for new alcoholic beverage service establishments must provide detailed information on the operation of the proposed use.

- Complete this form with the following information regarding the proposed use.
- Attach any additional sheets necessary to provide a complete description of the proposed use.
- Provide copies of other requested documentation as applicable.

Based on the information provided, staff will create a draft Operational Management Plan for consideration as a part of the use permit application. The final Operational Management Plan will become a part of the conditions of approval for the use permit. The business owner and the property owner will be responsible for ensuring proper operation of the establishment in compliance with the use permit conditions of approval and the Operational Management Plan.

Please see the attached instructions on how to complete this form. Application materials must be complete, including all the information requested on this form, or the application will be rejected.

I. GENERAL INFORMATION

1. Business Owner: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

2. Property Owner: _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

3. Contact Person: Business Owner Property Owner Other: _____

Phone: _____ Email: _____

4. Description: Provide a narrative description of the existing and proposed changes. Attach extra sheets as needed.

II. ESTABLISHMENT INFORMATION

1. **Business Name:** _____

2. **Business Address:** _____

3. **APN:** _____

4. **Occupancy:** Proposed occupancy (number of persons allowed) for the establishment? _____

5. **Hours:** Complete the table with proposed hours of operation. Note "closed" on any days the establishment would be closed.

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

6. **Dining Area:** Check appropriate boxes for service areas to be provided and indicate the area in square feet and the number of tables and seats provided, as applicable.

Please note that throughout this form "Sidewalk Dining" specifically refers to outdoor dining area within the public right-of-way in compliance with the City's Sidewalk Café Policy. A Sidewalk Café Encroachment Permit is required for any sidewalk dining area; please see Public Works/Engineering for more information.

No dining area provided.

Indoor Dining:

- Square Feet: _____
- No. of Tables: _____
- No. of Seats: _____

Outdoor Dining (Onsite):

- Square Feet: _____
- No. of Tables: _____
- No. of Seats: _____

Sidewalk Dining (ROW):

- Square Feet: _____
- No. of Tables: _____
- No. of Seats: _____

7. **Bar Area:** Check the appropriate box; indicate area in square feet and numbers of tables and chairs.

No bar area provided.

Bar area provided:

- Square Feet: _____
- No. of Bar Stools: _____
- No. of Tables: _____
- No. of Seats: _____

8. **Parking:** Check appropriate boxes for proposed parking areas and indicate the number of parking spaces provided, as applicable.

Existing parking-related use permit for establishment or center/property where it is located. City case number: _____

No. of onsite parking spaces: _____

No. of offsite parking spaces: _____

Valet Parking (Minor Use Permit required)

• Valet Company: _____

• Pick-up/drop-off location: _____

• Location of Parking Area(s): _____

• Complete the table with the hours that valet service is proposed. Note "none" for any days no valet service would be provided.

Proposed Valet Hours:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

- 9. Site Plan:** A site plan, drawn to scale, must be submitted with the use permit application. The site plan must be clearly drawn and legible. In addition to the location of buildings, streets, etc. as shown on the sample site plan included with the Planning Application, clearly indicate on the site plan:
- a. Entrances and exits
 - b. Off-street parking and loading areas
 - c. Location of valet service
 - d. Outdoor dining areas (onsite)
 - e. Sidewalk dining areas (ROW)
- 10. Floor Plan:** A detailed floor plan, drawn to scale, must be submitted with the use permit application. The floor plan must be clearly drawn and legible. Indicate all the following on the floor plan:
- a. Dimensions of the premises as a whole and area in square feet.
 - b. Dimensions and area in square feet of each service area (dining, bar, outdoor dining, etc.). Indicate which areas will include alcohol service.
 - c. Entrances and exits.
 - d. Indoor seating areas.
 - e. Outdoor seating areas (onsite).
 - f. Sidewalk dining areas (ROW).
 - g. Bar areas
 - h. Location and dimension of any outdoor barrier for alcohol service areas.
 - i. All tables and chairs.
 - j. Alcohol storage areas including dimensions and area (square feet).
 - k. Alcohol display areas (behind bar, wine rack, etc.) including dimensions and area (square feet).
 - l. Entertainment areas including indication of type of entertainment.
 - m. Restrooms including number of stalls provided.
- 11. Additional Information:** Provide any additional or clarifying information about the establishment. Attach extra sheets as needed.

III. ALCOHOL SERVICE

- 1. Proposed ABC License:** Indicate the type (number and title) of proposed ABC licenses (i.e. 47 On Sale General – Eating Place).
-
- 2. Hours of Alcohol Service:** Complete the tables with the proposed hours that alcohol will be served, as applicable. Note “none” for any days there is no alcohol service proposed. Note: Alcohol service is not allowed in conjunction with sidewalk dining on public right-of-way as per Encinitas Municipal Code Chapter 9.28.

Proposed Hours of Alcohol Service (Overall):

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Proposed Hours of Outdoor Alcohol Service:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

- 3. Responsible Beverage Service and Training Required:** Chapter 9.43 of the Encinitas Municipal Code (EMC) requires that all persons that are personally engaged in the service, selling, or arranging delivery to a patron any alcoholic beverage, shall successfully complete a Responsible Beverage Service and Sale Training (RBSS) program conducted by the California Department of Alcoholic Beverage Control or by a certified RBSS Training Provider to train in responsible alcoholic beverage service and sales methods and practices.

Describe how the establishment will comply with the RBSS training requirements. Attach extra sheets as needed.

- 4. Additional Information:** Provide any additional or clarifying information about the proposed alcohol service. Attach extra sheets as needed.

IV. FOOD SERVICE

Check the appropriate boxes and complete the following regarding proposed food service, as applicable.

Bona Fide Eating Establishment per ABC (Type 41, 47, and 49)

• Food: _____

• Alcohol: _____

Full Menu Food Service:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Outdoor (Onsite) Food Service:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

"Bar" Menu Food Service:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Sidewalk (ROW) Food Service:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

V. ENTERTAINMENT

Complete the following regarding any proposed entertainment. Check the appropriate boxes and provide additional information, as applicable. A City Entertainment License is required to provide entertainment; please see the City Clerk for more information.

Live Entertainment

Describe the proposed live entertainment. Attach extra sheets as needed.

Days and hours that live entertainment is proposed.

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

- The live entertainment will be amplified.
- The live entertainment will not be amplified.
- Maximum number of entertainers: _____

- Dancing is proposed.
- No dancing is proposed.
- Show the locations of live entertainment and dancing on the floor plan.

Other Entertainment:

Check the appropriate boxes and provide a description for the type(s) of entertainment proposed.

- Sound System
- Shuffleboard
- Pool Table
- Trivia Games
- Video Games
- Other: _____
- Jukebox

Describe the proposed entertainment. Attach extra sheets as needed.

VI. SECURITY PERSONNEL AND OTHER SECURITY MEASURES

Check the appropriate box and complete the following regarding proposed security personnel of the establishment.

Security Personnel Provided

- Describe security personnel operations including their job responsibilities.

- List any licenses, conditions, and/or training credentials held and provide copies thereof. Attach extra sheets as needed.

Hours security personnel onsite:

| Day | From | To |
|-----------|------|----|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

- List any security equipment used. Attach extra sheets as needed.

No Security Personnel Provided: Explain why security personnel will not be provided. Attach extra sheets as needed.

Other Site Security Measures: List and describe any other site security measures. Attach extra sheets as needed.

VII. LITTER CONTROL AND CLEANING

Provide the following information regarding establishment litter control and cleaning procedures for the exterior of the premises.

1. **Cleaning Methods:** Check all methods that will be utilized to keep the premises clean.

- Sweep
- Pressure Wash
- Blower
- Litter Pick-Up
- Other: _____

2. **Cleaning Schedule:** Describe the cleaning schedule and operations for the outside of the premises. Attach extra sheets as needed.

3. **Cleaning Responsibility:** Check all that apply and briefly describe responsibilities. Attach extra sheets as needed.

- Business Owner: _____
- Property Owner: _____
- Employees: _____
- Hired Maintenance: _____
- Other (list): _____

VIII. NOISE CONTROL

Describe in detail how noise from the premises will be controlled. Be sure to address noise from all potential sources, including but not limited to music/entertainment, crowd, special events, late-night cleanup activities and patrons exiting the premises. Attach extra sheets as needed and attach any supporting documentation.

IX. CERTIFICATION

I hereby certify that the information provided herein is accurate, correct, and complete, and fully describes the proposed operation of the alcohol service establishment. I acknowledge that the information provided will be the basis for an Operational Management Plan to be prepared by City staff and presented to the appropriate decision maker for inclusion as conditions of approval of the use permit. I further acknowledge that review and processing of the application may result in changes not reflected herein. I will adhere to the approved use permit and final Operational Management Plan including any provisions added or modified as a result of project review.

Business Owner:

Property Owner:

Signature _____

Signature _____

Printed Name _____

Printed Name _____

Date _____

Date _____

(Attach additional signature sheets for multiple owners)

Instructions for Completing For PLN-121 ALCOHOL SERVICE ESTABLISHMENT – NEW

If you have any questions about completing Form PLN-121 or these instructions, please contact the Planning Division at (760) 633-2710 or by email at planning@encinitasca.gov.

I. GENERAL INFORMATION

- 1. Business Owner:** Provide the name, phone and email and mailing addresses for the owner of the alcohol service establishment. Attach additional owner information sheets if there are multiple business owners.
- 2. Property Owner:** Provide the name, phone and email and mailing addresses for the owner of the property where the alcohol serving establishment is located.
NOTE: If an owner is any form of corporation, trust or similar entity, provide the name(s) and title(s) of the person(s) signing Form PLN-121 as owner. Provide sufficient documentation to show that the person(s) signing the document is authorized to do so.
- 3. Contact Person:** Check the appropriate box if the listed property or business owner is the designated contact person regarding Form PLN-121 and its contents. Check the “Other” box if the designated contact person is someone other than the property or business owner as named on the form.
- 4. Description:** Provide a thorough, narrative description of the proposed establishment and its proposed operation.

II. ESTABLISHMENT INFORMATION

- 1. Business Name:** Provide the registered name of the business and, if applicable, dba.
- 2. Business Address:** Provide the street address, including any suite number, of the establishment.
- 3. APN:** Provide the Assessor’s Parcel Number(s) of the property where the establishment is located.
- 4. Occupancy:** Indicate the maximum occupancy (maximum number of persons) allowed in the establishment as per Building and Fire Code requirements.
- 5. Hours:** Indicate in the tables the proposed business hours. The business hours listed will become part of the conditions of approval of the use permit. The hours that the establishment is open may not exceed the hours established by the Operational Management Plan what without a modification of the use permit. Explain any variance between the business hours stated here and the actual, initial expected hours of operation under item 11 (Additional Information).
- 6. Dining Area:** Provide the requested information on the proposed dining areas. When calculating the area in square feet of each dining area, include adjacent server stations and service staging areas. The calculated areas must be consistent with the portrayal of the various dining areas as shown on the required floor and site plans.
- 7. Bar Area:** Provide the requested information on the proposed bar area. When calculating the area in square feet of the bar area, include the area behind the bar, adjacent server stations and service staging areas. The calculated area must be consistent with the portrayal of the various dining areas as shown on the required floor and site plans.
- 8. Parking:** Check the appropriate boxes and complete the information requested for the parking provided. Provide copies of any valet service agreement. Provide evidence of authorization to utilize any offsite parking spaces, including offsite valet locations (this may be included in the valet service agreement).
- 9. Site Plan:** A complete and accurate site plan showing the entire property on which the establishment is located must be provided. Consult with Planning Division staff if you have any questions about what the site plan must include.
- 10. Floor Plan:** A complete and accurate floor plan showing the entire establishment must be provided. The floor plan arrangement approved with the use permit will be a condition of approval and will control operation of the establishment. Consult with Planning Division staff if you have any questions about what the floor plan must include.

11. Additional Information: Use this space to provide any additional, important information about the establishment not requested in this form and to provide any information to clarify or expand on the information provided about the establishment.

III. ALCOHOL SERVICE

- 1. Proposed ABC License:** Provide type and title of all ABC licenses proposed for example: "Type 47 On Sale General – Eating Place."
- 2. Hours of Alcohol Service:** Indicate in the tables the proposed hours of alcohol service. The business hours listed will become part of the conditions of approval of the use permit. The hours of alcohol service may not exceed the hours established by the Operational Management Plan what without a modification of the use permit.
- 3. Responsible Beverage Service and Sales (RBSS) Training Required:** Provide details on how the establishment will comply with RBSS training.
- 4. Additional Information:** Use this space to provide any additional, important information about the service of alcohol not requested in this form and to provide any information to clarify or expand on the information provided about the service of alcohol.

IV. FOOD SERVICE

Check the appropriate boxes for proposed food service. Check the box if the establishment will be a Bona Fide Eating Establishment as defined by the ABC and provide average quarterly total gross sales percentages. Check the boxes next to the appropriate tables for food service provided and indicate the hours provided. "Bar" menu includes limited menu items provided in the bar area only and "happy hour" menus.

V. ENTERTAINMENT

- 1. Proposed Live Entertainment:** Check the box if live entertainment is proposed, thoroughly describe the proposed live entertainment and indicate the days and hours offered. Indicate the maximum number of performers allowed, whether music will be amplified or not, and whether or not dancing will be allowed.
 - Live entertainment includes any entertainment presented by someone including a disc jockey, announcer, or similar. Mechanical music such as a juke box or house sound system unaccompanied by a disc jockey falls under "Other Entertainment."
 - "Amplified" means any amplification whatsoever, whether mechanical, electrical or electronic. Only the unamplified human voice and unamplified acoustic instruments qualify as "not amplified."
- 2. Proposed Other Entertainment:** Check the appropriate boxes for other entertainment proposed and provide a thorough description.

VI. SECURITY PERSONNEL AND OTHER SECURITY MEASURES

- 1. Security Personnel Provided:** If security personnel are proposed, check the box, describe security personnel operations and job duties, and provide information on licenses, certifications, and training. Highlight any proposed changes to existing security operations. List any security equipment used and complete the tables with proposed days and hours that security personnel will be present.
- 2. No Security Personnel Provided:** If no security personnel are provided or proposed, check the box and explain why security personnel will not be provided.
- 3. Other Site Security Measures:** List and describe any other existing or proposed site security measures.

VII. LITTER CONTROL AND CLEANING

Check the boxes for all cleaning methods to be used for the exterior of the premises, describe the cleaning schedule and operations, indicate who has cleaning responsibility and discuss those responsibilities.

VIII. NOISE CONTROL

Provide the requested information on noise control.

IX. CERTIFICATION

The owner of the business establishment and the owner of the property on which it is located must sign Form AN. Signing the form certifies that all information provided is true, correct, and complete and acknowledges business and property owner responsibility for operation of the alcohol service establishment in compliance with the approved use permit and the final Operational Management Plan.