Department of Alcoholic Beverage Control

STATEMENT RE: CONSIDERATION POINTS

State of California Edmund G. Brown Jr., Governor

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

APPLICANT NAME						
I. AFFLICANT NAIVIE						
2. PREMISES ADDRESS (Street number and name, city, zip code)						
2. PREMISES ADDRESS (Street number and name, city, zip code)	,					
3. FACILITY NAME/ADDRESS	LTR	PERS	DEPA	ARTMENT U		NLY SEPARATION FACTORS
1.			DATE	DIOTAL	FT.	OLI AIGHTATORO
	NAME					
	LTD	DEDO	DATE			
2	LTR	PERS	DATE		ET.	
2.		ш			FT.	
	NAME					
_	LTR	PERS	DATE			
3.		Ш			FT.	
	NAME			1		
	LTR	PERS	DATE			
4.					FT.	
	NAME					
	LTR	PERS	DATE			
5.					FT.	
	NAME					
	LTR	PERS	DATE			
6.					FT.	
	NAME					
	LTR	PERS	DATE			
7.					FT.	
	NAME					
	LTR	PERS	DATE			
8.					FT.	
	NAME					
	TO WIL					
	LTR	PERS	DATE			
9.		П			FT.	
	NAME					
I acknowledge that any false, misleading or or						
for the license, or, if the license is issued in re	liance u	oon inform	nation in this statemen	t which is om	itted, fa	lse or misleading, then such
misinformation or omission will constitute grows. 4. APPLICANT SIGNATURE	ounas Joi	revocano	m oj ine ucense so issi		DATE SIGN	En
T. AFFEIGHNI SIGNATURE					DATE SIGN	il U