

County of Sacramento  
 Planning and Environmental Review (PER)  
 827 7th Street, Room 225  
 Sacramento, CA 95814  
 (916) 874-6141

|                 |      |
|-----------------|------|
| Office Use Only |      |
| Control No.     | PLNP |

## PCN APPLICATION FORM

Application to the Sacramento County Board of Supervisors for a Letter of Public Convenience/Necessity (PCN) Relating to the Sale of Alcohol within the Unincorporated Area. Please refer to the PCN Instructions for completion and filing.

**This Application Must Be Typed**

|                            |                       |
|----------------------------|-----------------------|
| Name of Business:          | Type of Business      |
| Address, City, State, Zip: | Telephone:            |
|                            | Assessor's Parcel No. |
| Hours of Operation:        | Census Tract No.      |

Name of Applicant should match the applicant named on the ABC License.

|                  |                  |
|------------------|------------------|
| <b>APPLICANT</b> | Name:            |
|                  | Mailing Address: |
|                  | Contact Email:   |

Complete this section if this Application is being submitted by someone other than the Applicant.

|              |                  |
|--------------|------------------|
| <b>AGENT</b> | Name:            |
|              | Mailing Address: |
|              | Contact Email:   |

Relationship to Applicant: Agent  Other  Please Specify \_\_\_\_\_

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1. Is the Business Operating Now? Yes  No

If Yes, How long? \_\_\_\_\_

If No, what is the anticipated date of Opening?  
\_\_\_\_\_

2. Is opening of the business contingent upon issuance of a Liquor License? Yes  No

3. Has an Application been submitted to ABC? Yes  No

4. ABC License #: \_\_\_\_\_ ABC Representative: \_\_\_\_\_

5. Type of ABC License being requested \_\_\_\_\_

Date of Posting: \_\_\_\_\_

6. Reason for PCN: Over Concentration  High Crime

7. Is a Conditional Use Permit Required? Yes  No  Don't Know

8. Has a Conditional Use Permit been applied for? Yes  No

If Yes, County Control Number: PLNP \_\_\_\_\_

9. Has a Conditional Use Permit been issued by the County? Yes\*  No

If Yes, Date Issued: \_\_\_\_\_ \*Attach Copy of Issued Conditional Use Permit

This application will not be accepted until all of the information and accompanying documents are complete and submitted along with appropriate fees.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature Of Agent (If applicable):

Date:

\_\_\_\_\_

\_\_\_\_\_

Return Completed Application and Required Documents to:

In Person at the Building Assistance Center  
Planning & Zoning Window  
827 7<sup>th</sup> Street, Room 102 (First Floor)  
Sacramento, CA 95814