

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.

APPLICANT	Name:
	Mailing Address:
	Contact Email:

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

AGENT	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:

planning-applications@saccounty.gov