



# APPLICATION CHECKLIST

## LETTER OF PUBLIC CONVENIENCE AND NECESSITY (LPC)

6360 Fountain Square Drive, Citrus Heights, California 95621 (916) 727-4740 TDD 7-1-1  
www.citrusheights.net

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City of Citrus Heights Municipal Code, Chapter 4.60, provides a process for applicants seeking a license from the Alcoholic Beverage Control Board (ABC) to sell alcoholic beverages within the City of Citrus Heights, and whose sales location is located within a census tract designated by ABC to be over concentrated or of high crime. This designation is made by ABC, not the City of Citrus Heights. Should your facility be located within such a census tract, ABC is *required by state law to deny your application unless you obtain a letter of public convenience and necessity (LPC)*.

City of Citrus Heights has adopted a process for issuing LPC letters which involves a public hearing before the City Council, with notice and opportunity to be heard given to interested persons. The following information is required to process a LPC.

Businesses proposing to sell alcoholic beverages receive special attention from the City because of their potential to create problems, such as littering, loitering, public intoxication and disturbances. For this reason, business selling alcohol must comply with Zoning Code Section 106.42.020.

### Application Submittal Requirements

- A) A completed universal application form.
- B) A completed ABC-245 form (obtained from Department of Alcoholic Beverage Control).
- C) The required processing fee (see fee schedule).
- D) Statement of Justification - why you believe the public interest would be served by selling alcoholic beverages at your facility.
- E) One (1) copy of a detailed description of the proposed use, including hours of operation, operational procedures, etc.

An electronic copy of all materials shall also be provided at the time of submittal. The electronic copy shall be provided either on a CD or USB flash drive. The CD or USB flash drive shall contain each document that is included in the planning entitlement application. Any subsequent revision or supplemental information submitted in conjunction with the application shall also be submitted in electronic form.

The Planning Department may request additional information.

Please feel free to discuss your application with a member of the Planning Department at (916) 727-4740 or visit the office in City Hall located at 6360 Fountain Square Drive, Citrus Heights, CA 95621

[www.citrusheights.net](http://www.citrusheights.net)



# UNIVERSAL APPLICATION FORM

## PLANNING DIVISION

[www.citrusheights.net](http://www.citrusheights.net)

6360 Fountain Square Drive ♦ Citrus Heights, CA 95621 ♦ (916) 727-4740

[planning@citrusheights.net](mailto:planning@citrusheights.net)

**Notice to Applicants:** A complete application must be submitted in order for the project to be accepted. It is recommended to schedule an appointment to discuss your project prior to submission.

### Type of Application (check all that apply):

<input type="checkbox"/> Design Review Permit <input type="checkbox"/> Design Review Permit Modification <input type="checkbox"/> Use Permit <input type="checkbox"/> Use Permit Modification <input type="checkbox"/> Minor Use Permit <input type="checkbox"/> Eligible Facilities Request	<input type="checkbox"/> Parcel Map (1-4 lots) <input type="checkbox"/> Subdivision Map (5+ lots) <input type="checkbox"/> Rezone <input type="checkbox"/> Ordinance Text Amendment <input type="checkbox"/> General Plan Amendment <input type="checkbox"/> OTHER _____
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### Project Information (complete all sections):

<b>Proposed Project Name:</b>		
<b>Property Address:</b>		
<b>Assessor Parcel #'s:</b>		
<b>Total Land Area (Acre or SF):</b>	<b>General Plan Designation:</b>	<b>Zoning Designation:</b>
<b>Total Net SF of New Buildings (Commercial Only):</b>	<b>No. Proposed Units (Residential only):</b>	
<b>Project Description:</b>		

### Applicant Information:

<b>Applicant Name:</b>		
<b>Company (if applicable):</b>	<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail:</b>	

**Property Owner:**

<b>Owner Name:</b>		
<b>Company (if applicable):</b>	<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail:</b>	
<b>Property Owner Signature (or separate written authorization):</b>		

**Designated Primary Contact, if Different than Applicant:**

<b>Name:</b>		
<b>Company (if applicable):</b>	<b>Address:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail:</b>	

**City Use Only:**

Planner Complete Below:

<b>Dated Received:</b>	<b>Accepted by:</b>	<b>AA: ST PC CC</b>	<b>NA#:</b>
<b>TOTAL AMOUNT COLLECTED:</b>			
<b>Receipt Number:</b>		<b>Payment Method:</b>	

Data Entry:

<b>Date Entered:</b>			
<b>File Type/Number (one per box)</b>			
<b>CW #</b>			