

**ABC PERMIT**  
**“Letter of Public Convenience and Necessity”**

Mariposa County Planning Department  
 5100 Bullion Street, P.O. Box 2039  
 Mariposa, CA 95338

Telephone (209) 966-5151 FAX (209) 742-5024  
[www.mariposacounty.org](http://www.mariposacounty.org) [planningdept@mariposacounty.org](mailto:planningdept@mariposacounty.org)

**GENERAL INFORMATION**

There are different types of liquor licenses that may or may not be available from the Department of Alcohol Beverage Control (ABC).

Complete this application if you need a zoning verification letter OR if you have applied for a license with the ABC and has been informed by the ABC that a “Letter of Public Convenience and Necessity” is required from the local governing body (Mariposa County Board of Supervisors) due to the over-saturation of liquor licenses in the Census Tract area.

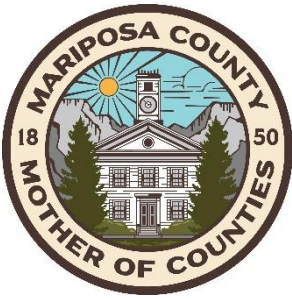
The ABC allows local jurisdictions the ability to permit alcohol licenses that exceed the number permitted by ABC per Section 23958 and 23958.4 of the Business and Professions Code. The approval needs to be by a majority vote of the local governing body (Mariposa County Board of Supervisors).

**REQUIRED MATERIALS AND ITEMS FOR A REQUEST FOR  
 “Letter of Public Convenience and Necessity” for ABC Permit  
 APPLICATION**

1.  The application form filled out completely and signed by the applicant. If the applicant is not the property owner, the applicant must provide a letter of authorization or other documentation authorizing the applicant to submit the application on the owner's behalf. The applicant can be a lessee, purchaser in escrow, or optionee of the subject property. An agent may represent an applicant in all matters pertaining to the processing of the application once the application is submitted by the applicant.
2.  Documentation from ABC, including application for license and Information and Instruction form section 23958.4 B & P plus any additional supporting documents
3.  Payment of application fees as determined by Mariposa Planning. Additional fees may be charged by other agencies or county offices, depending on the type of application.

Select one of the following:

<input type="checkbox"/> Zoning Consistency Letter	\$144.00
Document Conversion	\$7.00
<b>OR</b>	
<input type="checkbox"/> BOS Hearing Needed	\$736.00
Document Conversion	\$20.00
<b>TOTAL:</b>	



**ABC PERMIT**  
**“Letter of Public Convenience and Necessity”**

Mariposa County Planning Department  
5100 Bullion Street, P.O. Box 2039  
Mariposa, CA 95338  
Telephone (209) 966-5151 FAX (209) 742-5024  
[www.mariposacounty.org](http://www.mariposacounty.org) [planningdept@mariposacounty.org](mailto:planningdept@mariposacounty.org)

**FOR OFFICE USE ONLY**

Date Submitted \_\_\_\_\_ Received By \_\_\_\_\_  
Fees Paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Received By \_\_\_\_\_  
Application No. \_\_\_\_\_ Application Complete \_\_\_\_\_  
Final Action \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Name(s)** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Numbers (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Property Owner Name(s)** \_\_\_\_\_

PROVIDE NAME OF PROPERTY OWNER IF DIFFERENT THAN APPLICANT

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Daytime Telephone Numbers (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Property Information:**

Assessor's Parcel Number (APN) \_\_\_\_\_ Parcel Size \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_

General Plan Land Use \_\_\_\_\_ Zoning Districts: \_\_\_\_\_

Type of License being applied for \_\_\_\_\_

**REQUIRED SIGNATURE(S)**

**Affidavit**

I/we, the undersigned (Property Owner and Applicant), agree to defend, indemnify, and hold harmless the County and its agents, officers and employees from any claim, action or proceeding against the County arising from the Property Owner and Applicant project.

I/we declare under the penalty of perjury that the statements and information submitted in this application are in all respects true and correct to the best of my/our knowledge.

I/we acknowledge that I/we have read and understand the information contained in the application package relating to the submittal and processing of this application.

I/we understand that the processing of the application will be delayed if any required information is incorrect, omitted, or illegible.

I/we declare that if an entity listed below is a Partnership, Limited Liability Corporation, Corporation or Trust the signer(s) below certifies that he/she is authorized by that entity to apply and sign the application attached herewithin.

<b>Property Owner</b> ( <i>printed name</i> ):	<b>2<sup>nd</sup> Property Owner</b> ( <i>printed name</i> ):	<b>Applicant</b> ( <i>printed name</i> ):
<b>Property Owner</b> ( <i>signature</i> ):	<b>2<sup>nd</sup> Property Owner</b> ( <i>signature</i> ):	<b>Applicant</b> ( <i>signature</i> ):
Date:	Date:	Date:

If there are more than two property owners, additional copies of this page shall be provided.

**IMPORTANT: This page must be signed by all property owners and any authorized applicant.**

**IMPORTANT: Please note that if the property owner/s is/are authorizing someone other than themselves to act as the applicant or agent, the next page must also be signed.**

**IMPORTANT: Failure to have all necessary signatures will DELAY the commencement of processing the application. The application will be returned to the applicant to provide all necessary signatures.**

This page to be signed **IF** the property owner(s) is (are) authorizing someone to act as an agent or applicant for this application.

## Affidavit

**Applicant/Agent Authorization:**

I/we, \_\_\_\_\_, Property Owner(s) hereby authorize \_\_\_\_\_ to act as a representative/Applicant and/or \_\_\_\_\_ to act as a representative/Agent in all matters pertaining to the processing and approval of this application, including modifying the project, and agree to be bound by all representations and agreements made by the designated Applicant and/or Agent.

I/we declare that if the Property Owner and/or Applicant is a Partnership, Limited Liability Corporation, Corporation or Trust, the individual(s) listed below certifies that he/she/they is/are authorized by that entity to execute the application form attached herewithin.

<b><u>Property Owner (printed name):</u></b>	<b><u>Applicant (printed name):</u></b>	<b><u>Agent (printed name):</u></b>
<b><u>Property Owner (signature):</u></b>	<b><u>Applicant (signature):</u></b>	<b><u>Agent (capacity/title):</u></b>
<b><u>Property Owner (capacity/title):</u></b>	<b><u>Applicant (capacity/title):</u></b>	
Date:	Date:	
<b><u>2<sup>nd</sup> Property Owner (printed name):</u></b>	<b><u>Co-Applicant (printed name):</u></b>	
<b><u>2<sup>nd</sup> Property Owner (signature):</u></b>	<b><u>Co-Applicant (signature):</u></b>	
Date:	Date:	