



# Liquor License Review Application

County of Ventura • Resource Management Agency • Planning Division

800 S. Victoria Avenue, Ventura, CA 93009-1740 • (805) 654-5038 • [vcrma.org/divisions/planning](http://vcrma.org/divisions/planning)

Permit No.: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

E-mail: \_\_\_\_\_

## **Project Description:**

Proposed Type of Liquor License Requested: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

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

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Days/Hours of Operation: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Existing PD or CUP No. for this Site: \_\_\_\_\_

Type of Business/Notes: \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

## **The following materials must be provided by the Applicant when submitting a permit application:**

1. Completed Liquor License Review Application
2. Liquor License Review Fee of \$625.00 (check made out to "County of Ventura")
3. ABC Form 255 – Zoning Affidavit (if applicable)

## **Please submit all materials to:**

Robert Nesovic, Planner  
County of Ventura Planning Division  
800 S. Victoria Avenue, L#1740  
Ventura, CA 93009

Contact at (805) 654-2692 or [robert.nesovic@ventura.org](mailto:robert.nesovic@ventura.org)

**STAFF USE ONLY**

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Standard Fee: \_\_\_\_\_

Zoning: \_\_\_\_\_ General Plan: \_\_\_\_\_ Area Plan: \_\_\_\_\_

Existing Land Use Entitlement(s): \_\_\_\_\_

Existing Violations(s): \_\_\_\_\_

Distribution:

- Environmental Health Division
- County Sheriff's Department

**Reviewing Agencies**

1. Environmental Health Division

- a. Have all pertinent Environmental Health permits/requirements for this use been met?  
 Yes  No If not, please explain:

- b. Are there any significant health code violations currently at the facility that would give cause to deny this determination?  
 Yes  No Explain:

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

2. Sheriff's Department – Records Bureau/Licensing:

- a. Would the issuance of this license tend to create a law enforcement problem or add to an undue concentration of licenses in the area in which the applicant premises are located?  
 Yes  No Explain:

- b. Are there any other reasons your department would deny this request?  
 Yes  No If yes, please explain:

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_