

II. ESTABLISHMENT INFORMATION

1. **Business Name:** _____

2. **Business Address:** _____

3. **APN:** _____

4. **Occupancy:** Proposed occupancy (number of persons allowed) for the establishment? _____

5. **Hours:** Complete the table with proposed hours of operation. Note "closed" on any days the establishment would be closed.

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

6. **Dining Area:** Check appropriate boxes for service areas to be provided and indicate the area in square feet and the number of tables and seats provided, as applicable.

Please note that throughout this form "Sidewalk Dining" specifically refers to outdoor dining area within the public right-of-way in compliance with the City's Sidewalk Café Policy. A Sidewalk Café Encroachment Permit is required for any sidewalk dining area; please see Public Works/Engineering for more information.

- No dining area provided.
- Indoor Dining:
 - Square Feet: _____
 - Number of Tables: _____
 - Number of Seats: _____
- Outdoor Dining (Onsite):
 - Square Feet: _____
 - Number of Tables: _____
 - Number of Seats: _____
- Sidewalk Dining (ROW):
 - Square Feet: _____
 - Number of Tables: _____
 - Number of Seats: _____

7. **Bar Area:** Check the appropriate box; indicate area in square feet and numbers of tables and chairs.

- No bar area provided
- Bar area provided:
 - Square Feet: _____ Number of Bar Stools: _____ Number of Tables: _____ Number of Seats: _____

8. **Parking:** Check appropriate boxes for proposed parking areas and indicate the number of parking spaces provided, as applicable.

- Existing parking-related use permit for establishment or center/property where it is located. City case number: _____
- Number of onsite parking spaces: _____
- Valet Parking (Minor Use Permit required)
- Number of offsite parking spaces: _____

- Valet Company: _____

- Pick-up/drop-off location _____

- Location of Parking Area(s): _____

Proposed Valet Hours:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Hours of Alcohol Service (Overall):

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Hours of Outdoor Alcohol Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Responsible Beverage Service and Sales Training Required: Chapter 9.43 of the Encinitas Municipal Code (EMC) requires that all persons that are personally engaged in the service, selling, or arranging delivery to a patron any alcoholic beverage, shall successfully complete a Responsible Beverage Service and Sales Training (RBSS) program conducted by the California Department of Alcoholic Beverage Control or by a certified RBSS Training Provider to train in responsible alcoholic beverage service and sales methods and practices.

Describe how the establishment will comply with the RBSS training requirements. Attach extra sheets as needed.

4. Additional Information: Provide any additional or clarifying information about the proposed alcohol service. Attach extra sheets as needed.

IV. FOOD SERVICE

Check the appropriate boxes and complete the following regarding proposed food service, as applicable.

- Bona Fide Eating Establishment per ABC (Type 41, 47, and 49)
 - If yes, indicate the percentage of total gross sales expected for:
 - Food: _____
 - Alcohol: _____

2. Other Entertainment

Check the appropriate boxes and provide a description for the type(s) of entertainment proposed.

- Sound System
- Pool Table
- Video Games
- Jukebox
- Shuffleboard
- Trivia Games
- Other: _____
- Other: _____

Describe the proposed entertainment. Attach extra sheets as needed.

VI. SECURITY PERSONNEL AND OTHER SECURITY MEASURES

Check the appropriate box and complete the following regarding proposed security personnel of the establishment

1. Security Personnel Provided

- Describe security personnel operations including their job responsibilities.

- List any licenses, certifications, and/or training credentials held and provide copies thereof. Attach extra sheets as needed.

- List any security equipment used. Attach extra sheets as needed.

Hours security personnel onsite:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. No Security Personnel Provided: Explain why security personnel will not be provided. Attach extra sheets as needed.

3. Other Site Security Measures: List and describe any other site security measures. Attach extra sheets as needed.

VII. LITTER CONTROL AND CLEANING

Provide the following information regarding establishment litter control and cleaning procedures for the exterior of the premises.

1. Cleaning Methods: Check all methods that will be utilized to keep the premises clean.

- Sweep
- Pressure Wash
- Blower
- Litter Pick-Up
- Other: _____
- Other: _____

2. Cleaning Schedule: Describe the cleaning schedule and operations for the outside of the premises. Attach extra sheets as needed. _____

3. Cleaning Responsibility: Check all that apply and briefly describe responsibilities. Attach extra sheets as needed.

- Business Owner: _____
- Property Owner: _____
- Employees: _____
- Hired Maintenance: _____
- Other (list): _____

VIII. NOISE CONTROL

Describe in detail how noise from the premises will be controlled. Be sure to address noise from all potential sources, including but not limited to music/entertainment, crowd, special events, late-night cleanup activities and patrons exiting the premises. Attach extra sheets as needed and attach any supporting documentation.

IX. CERTIFICATION

I hereby certify that the information provided herein is accurate, correct, and complete, and fully describes the proposed operation of the alcohol service establishment. I acknowledge that the information provided will be the basis for an Operational Management Plan to be prepared by City staff and presented to the appropriate decision maker for inclusion as conditions of approval of the use permit. I further acknowledge that review and processing of the application may result in changes not reflected herein. I will adhere to the approved use permit and final Operational Management Plan including any provisions added or modified as a result of project review.

Business Owner:

Property Owner:

Signature _____

Signature _____

Printed name _____

Printed name _____

Date _____

Date _____

(Attach additional signature sheets for multiple owners.)

Instructions for Completing Form AN ALCOHOL SERVICE ESTABLISHMENT - NEW

If you have any questions about completing Form AN or these instructions, please contact the Planning Department at (760) 633-2710 or by email at planning@encinitasca.gov.

I. GENERAL INFORMATION

1. **Business Owner:** Provide the name, phone and email and mailing addresses for the owner of the alcohol service establishment. Attach additional owner information sheets if there are multiple business owners.
2. **Property Owner:** Provide the name, phone and email and mailing addresses for the owner of the property where the alcohol serving establishment is located.

NOTE: If an owner is any form of corporation, trust or similar entity, provide the name(s) and title(s) of the person(s) signing Form AN as owner. Provide sufficient documentation to show that that the person(s) signing the document is authorized to do so.

3. **Contact Person:** Check the appropriate box if the listed property or business owner is the designated contact person regarding Form AN and its contents. Check the "Other" box if the designated contact person is someone other than the property or business owner as named on the form.
4. **Description:** Provide a thorough, narrative description of the proposed establishment and its proposed operation.

II. ESTABLISHMENT INFORMATION

1. **Business Name:** Provide the registered name of the business and, if applicable, dba.
2. **Business Address:** Provide the street address, including any suite number, of the establishment.
3. **APN:** Provide the Assessor's Parcel Number(s) of the property where the establishment is located.
4. **Occupancy:** Indicate the maximum occupancy (maximum number of persons) allowed in the establishment as per Building and Fire Code requirements.
5. **Hours:** Indicate in the tables the proposed business hours. The business hours listed will become part of the conditions of approval of the use permit. The hours that the establishment is open may not exceed the hours established by the Operational Management Plan what without a modification of the use permit. Explain any variance between the business hours stated here and the actual, initial expected hours of operation under item 11 (Additional Information).
6. **Dining Area:** Provide the requested information on the proposed dining areas. When calculating the area in square feet of each dining area, include adjacent server stations and service staging areas. The calculated areas must be consistent with the portrayal of the various dining areas as shown on the required floor and site plans.
7. **Bar Area:** Provide the requested information on the proposed bar area. When calculating the area in square feet of the bar area, include the area behind the bar, adjacent server stations and service staging areas. The calculated area must be consistent with the portrayal of the various dining areas as shown on the required floor and site plans.
8. **Parking:** Check the appropriate boxes and complete the information requested for the parking provided. Provide copies of any valet service agreement. Provide evidence of authorization to utilize any offsite parking spaces, including offsite valet locations (this may be included in the valet service agreement).
9. **Site Plan:** A complete and accurate site plan showing the entire property on which the establishment is located must be provided. Consult with Planning Department staff if you have any questions about what the site plan must include.
10. **Floor Plan:** A complete and accurate floor plan showing the entire establishment must be provided. The floor plan arrangement approved with the use permit will be a condition of approval and will control operation of the establishment. Consult with Planning Department staff if you have any questions about what the floor plan must include.

11. Additional Information: Use this space to provide any additional, important information about the establishment not requested in this form and to provide any information to clarify or expand on the information provided about the establishment.

III. ALCOHOL SERVICE

- 1. Proposed ABC License:** Provide type and title of all ABC licenses proposed for example: "Type 47 On Sale General – Eating Place."
- 2. Hours of Alcohol Service:** Indicate in the tables the proposed hours of alcohol service. The business hours listed will become part of the conditions of approval of the use permit. The hours of alcohol service may not exceed the hours established by the Operational Management Plan what without a modification of the use permit.
- 3. Responsible Beverage Service and Sales (RBSS) Training Required:** Provide details on how the establishment will comply with RBSS training.
- 4. Additional Information:** Use this space to provide any additional, important information about the service of alcohol not requested in this form and to provide any information to clarify or expand on the information provided about the service of alcohol.

IV. FOOD SERVICE

Check the appropriate boxes for proposed food service. Check the box if the establishment will be a Bona Fide Eating Establishment as defined by the ABC and provide average quarterly total gross sales percentages. Check the boxes next to the appropriate tables for food service provided and indicate the hours provided. "Bar" menu includes limited menu items provided in the bar area only and "happy hour" menus.

V. ENTERTAINMENT

- 1. Proposed Live Entertainment:** Check the box if live entertainment is proposed, thoroughly describe the proposed live entertainment and indicate the days and hours offered. Indicate the maximum number of performers allowed, whether music will be amplified or not, and whether or not dancing will be allowed.
 - **Live entertainment** includes any entertainment presented by someone including a disc jockey, announcer, or similar. Mechanical music such as a juke box or house sound system unaccompanied by a disc jockey falls under "Other Entertainment."
 - **"Amplified"** means any amplification whatsoever, whether mechanical, electrical or electronic. Only the unamplified human voice and unamplified acoustic instruments qualify as "not amplified."
- 2. Proposed Other Entertainment:** Check the appropriate boxes for other entertainment proposed and provide a thorough description.

VI. SECURITY PERSONNEL AND OTHER SECURITY MEASURES

- 1. Security Personnel Provided:** If security personnel are proposed, check the box, describe security personnel operations and job duties, and provide information on licenses, certifications, and training. Highlight any proposed changes to existing security operations. List any security equipment used and complete the tables with proposed days and hours that security personnel will be present.
- 2. No Security Personnel Provided:** If no security personnel are provided or proposed, check the box and explain why security personnel will not be provided.
- 3. Other Site Security Measures:** List and describe any other existing or proposed site security measures.

VII. LITTER CONTROL AND CLEANING

Check the boxes for all cleaning methods to be used for the exterior of the premises, describe the cleaning schedule and operations, indicate who has cleaning responsibility and discuss those responsibilities.

VIII. NOISE CONTROL

Provide the requested information on noise control.

IX. CERTIFICATION

The owner of the business establishment and the owner of the property on which it is located must sign Form AN. Signing the form certifies that all information provided is true, correct, and complete and acknowledges business and property owner responsibility for operation of the alcohol service establishment in compliance with the approved use permit and the final Operational Management Plan.