Department of Alcoholic Beverage Control

STATEMENT RE: CONSIDERATION POINTS

State of California Gavin Newsom, Governor

Applicant: Please complete left side of form, then sign. List the names and addresses of all schools, churches, hospitals, public playgrounds, and youth facilities located within 600 feet of your proposed premises. Measure all distances by direct line from the closest edge of the facility structure to the closest edge of your structure. Continue on reverse if needed.

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APPLICANT NAME						
2. PREMISES ADDRESS (Street number and name, city, zip code)						
3. FACILITY NAME/ADDRESS				DEPARTMENT	USE ON	NLY
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I acknowledge that any false, misleading or omit	ttad inf	ormation vo	anivad in this	statement may som	etituto ~	rounds for danial of the application
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for the license, or, if the license is issued in relia	ce upo	on injormat	on in inis sta - £ 41 1:	iemeni wnich is Om	инеа, ја	se or misteading, then such
misinformation or omission will constitute groun	nas for i	revocation (oj tne license .			
4. APPLICANT SIGNATURE					DATE SIGN	ED