

# STATEMENT RE: CONSIDERATION POINTS

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.

1. APPLICANT NAME

2. PREMISES ADDRESS (Street number and name, city, zip code)

| 3. FACILITY NAME/ADDRESS | DEPARTMENT USE ONLY      |                          |      |          |                    |
|--------------------------|--------------------------|--------------------------|------|----------|--------------------|
|                          | LTR                      | PERS                     | DATE | DISTANCE | SEPARATION FACTORS |
| 1.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 2.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 3.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 4.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 5.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 6.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 7.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 8.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |
| 9.                       | <input type="checkbox"/> | <input type="checkbox"/> |      | FT.      |                    |
|                          | NAME                     |                          |      |          |                    |

*I acknowledge that any false, misleading or omitted information required in this statement may constitute grounds for denial of the application for the license, or, if the license is issued in reliance upon information in this statement which is omitted, false or misleading, then such misinformation or omission will constitute grounds for revocation of the license so issued.*

4. APPLICANT SIGNATURE DATE SIGNED