

Conditional Use Permit Exemption (CUPEX) Application

Department of Development Services | Planning Bureau
411 W. Ocean Blvd., 2nd Floor, Long Beach, CA 90802
(562) 570-6194 longbeach.gov/lbds

Project Address: _____ Long Beach, CA 908 ____

Business Name: _____

Applicant Name: _____ Ph: _____ Fax: _____

Mailing Address: _____

City: _____ State: ____ ZIP: _____ Email: _____

Applicant Signature(s): _____

Contact Person Name, Phone No. (if different): _____

Property Owner: _____ Ph: _____ Fax: _____

Address: _____ City: _____ State: _____ ZIP: _____

(I/We), the undersigned, declare under penalty of perjury under the laws of the State of California that (I am/We are) the owner(s) of the property involved in this application; that the information on all plans, drawings and sketches attached hereto and all the statements and answers contained herein are in all respects true and correct.

Property Owner Signature: _____ Date: _____

Exemption Requested:

<input type="checkbox"/> Restaurant, alcohol sale with meal services only. No fixed bar permitted. Alcohol sales not to exceed 30% of total gross sales.
<input type="checkbox"/> More than 500 feet from a Zoning district allowing residential use.
<input type="checkbox"/> Existing legal nonconforming use.
<input type="checkbox"/> Grocery store, 20,000 square feet or greater, with accessory sale of alcoholic beverages.
If site is currently licensed, what type of alcohol license does it have? _____
What type of alcohol license are you requesting? <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 40 <input type="checkbox"/> 41 <input type="checkbox"/> 42 <input type="checkbox"/> 47 <input type="checkbox"/> 48

Please include with this application:

- One set of floor plans;
- Photographs of the building street frontage, exterior, and interior, mounted on 8½" x 11" sheets of paper; and
- Affidavit form the California ABC Department, signed by the applicant.

BELOW THIS LINE FOR STAFF USE ONLY

Counter Staff Review:	Filing date:	Application No.:
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