



ALCOHOL SERVICE ESTABLISHMENT - EXISTING APPLICATION SUPPLEMENT

CITY OF ENCINITAS
PLANNING AND BUILDING DEPARTMENT
(760) 633-2710 • planning@encinitasca.gov • www.encinitasca.gov



All use permit applications for modification of existing alcoholic beverage service establishments must provide detailed information on the operation of the existing use and the proposed modifications by completing this form and providing additional information as requested.

- Complete this form with the following information regarding the existing use and proposed changes.
- Attach any additional sheets necessary to provide a complete description of the existing use and proposed changes.
- Provide copies of other requested documentation as applicable.

Based on the information provided, staff will create a draft Operational Management Plan for consideration as a part of the use permit application. The final Operational Management Plan will become a part of the conditions of approval for the use permit. The business owner and the property owner will be responsible for ensuring proper operation of the establishment in compliance with the use permit conditions of approval and the Operational Management Plan.

Please see the attached instructions on how to complete this form. Application materials must be complete, including all of the information requested on this form, or the application will be rejected.

I. GENERAL INFORMATION

1. **Business Owner:** _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

2. **Property Owner:** _____

Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

3. **Contact Person:** Business Owner Property Owner

Other: _____ Phone: _____ Email: _____

4. **Description:** Provide a narrative description of the existing establishment and proposed changes. Attach extra sheets as needed.

II. ESTABLISHMENT INFORMATION

1. **Business Name:** _____

Check if this application includes a business name change under the same ownership and provide the previous business name: _____

2. **Business Address:** _____

3. **APN:** _____

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

5. **Hours:** Complete the tables with existing and proposed hours of operation. Note “closed” on any days the establishment is or would be closed. If there are no proposed changes to hours of operation, check the “No Changes Proposed” box.

Existing Business Hours:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Business Hours:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

No Changes Proposed

6. **Dining Area:** Check the 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 (ROW) 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.

Existing Dining Area:

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: _____

Proposed Dining Area:

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: _____

No Changes Proposed

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

Existing Bar Area:

Square Feet: _____
 Number of Bar Stools: _____
 Number of Tables: _____
 Number of Seats: _____

Proposed Bar Area:

Square Feet: _____
 Number of Bar Stools: _____
 Number of Tables: _____
 Number of Seats: _____

- No Changes Proposed

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

- Existing parking-related use permit for establishment or center/property where it is located. City Case Number: _____
- Valet Parking (Minor Use Permit required)
 - Existing Valet Service
 - Proposed Valet Service
 - Valet Company: _____

- Number of Onsite Parking Spaces: _____
- Number of Offsite Parking Spaces: _____
 - Pick-up/Drop-off Location: _____
 - _____
 - Location of Parking Area(s): _____
 - _____

Complete the tables with the hours that valet service is currently provided and the hours proposed. Note "none" for any days no valet service would be provided. Check the "No Changes Proposed" box if the existing valet service will remain unchanged.

Existing Valet Hours:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Valet Hours:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- No Changes Proposed

9. Site Plan: A site plan, drawn to scale, must be submitted with the use permit application. The site plan must be clearly drawn and legible and must clearly show what exists and what is proposed. In addition to the location of buildings, streets, etc. as shown on the sample site plan included with the Planning Application, clearly indicate on the site plan:

- a. Entrances and exits
- b. Off-street parking and loading areas
- c. Location of valet service
- d. Outdoor dining areas (onsite)
- e. Sidewalk dining areas (ROW)

4. Hours of Alcohol Service: Complete the tables with the proposed hours that alcohol will be served, as applicable. Note “none” for any days there is no alcohol service proposed. Note: Alcohol service is not allowed in conjunction with sidewalk dining on public right-of-way as per Encinitas Municipal Code Chapter 9.28.

Existing Hours of Alcohol Service (Overall):

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		

No changes proposed to existing general alcohol service hours

Existing Hours of Outdoor Alcohol Service:

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		

No changes proposed to existing outdoor alcohol service hours

5. 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 complies with the RBSS training requirements. Discuss changes associated with the current application, if any. Attach extra sheets as needed.

6. 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 existing and proposed food service, as applicable.

1. Existing Food Service

Bona Fide Eating Establishment per ABC (Type 41, 47, and 49)

▪ If yes, indicate the percentage of quarterly total gross sales expected for:

▪ Food: _____

▪ Alcohol: _____

Existing Full Menu Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Existing Outdoor (Onsite) Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Existing "Bar" Menu Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Existing Sidewalk (ROW) Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

2. Proposed Food Service

- No changes proposed to existing food service.
- Bona Fide Eating Establishment per ABC (Type 41, 47, and 49)
 - If yes, indicate the percentage of total gross sales expected for:
 - Food: _____
 - Alcohol: _____

Proposed Full Menu Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Outdoor (Onsite) Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed "Bar" Menu Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed Sidewalk (ROW) Food Service:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

V. ENTERTAINMENT

Complete the following regarding any proposed entertainment. Check the appropriate boxes and provide additional information, as applicable. A City Entertainment License is required to provide entertainment; please see the City Clerk for more information.

1. Existing Live Entertainment

Describe the existing live entertainment. Attach extra sheets as needed.

Live entertainment is regulated by existing permit conditions of: ABC City Permit No. _____
 Provide copies of permits with entertainment conditions. Briefly describe the conditions:

Days and hours that live entertainment is currently provided:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- The live entertainment is amplified.
- The live entertainment is not amplified.
 - Maximum number of entertainers: _____
- Dancing is allowed.
- No dancing is allowed.
 - Show the locations of live entertainment and dancing on the floor plan.

2. Existing Other Entertainment

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

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Sound System | <input type="checkbox"/> Shuffleboard |
| <input type="checkbox"/> Pool Table | <input type="checkbox"/> Trivia Games |
| <input type="checkbox"/> Video Games | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Other _____ |

Describe the existing other entertainment. Attach extra sheets as needed.

3. Proposed Live Entertainment

No changes proposed to existing live entertainment

Describe the proposed live entertainment. Attach extra sheets as needed.

Days and hours that live entertainment is proposed:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

- No changes proposed to existing hours.
- The live entertainment is amplified.
- The live entertainment is not amplified.
 - Maximum number of entertainers: _____
- Dancing is proposed.
- No dancing is proposed.
 - Show the locations of live entertainment and dancing on the floor plan.

4. Proposed Other Entertainment

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

- No changes proposed to existing other entertainment
- 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. Discuss any proposed modifications of security personnel related to the current application.

- 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.

Current hours security personnel are onsite:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Proposed hours security personnel will be onsite:

Day	From	To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

No change to security personnel hours.

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.

- | | |
|--|---|
| <input type="checkbox"/> Sweep | <input type="checkbox"/> Litter Pick-Up |
| <input type="checkbox"/> Pressure Wash | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Blower | <input type="checkbox"/> 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. Include discussion of any past or ongoing noise issues and how these issues have been addressed. Attach extras 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 AE ALCOHOL SERVICE ESTABLISHMENT - EXISTING

If you have any questions about completing Form AE 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 serving 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 AE 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 AE 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 existing establishment and how it operates and of the proposed changes to the establishment and its operation.

II. ESTABLISHMENT INFORMATION

- 1. Business Name:** Provide the registered name of the business and, if applicable, dba. Check the box and include the previous business name and dba if the application includes a business name change.
- 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 existing and proposed business hours. The business hours listed will become part of the conditions of approval of the use permit. Consider hours of operation established through previous licensing and permitting and any future needs when completing this table. 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 existing and 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 existing and 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. Current ABC License:** Provide type and title of ABC license held, for example: "Type 47 On Sale General – Eating Place." List all ABC license types held.
- 2. Proposed ABC License:** Provide type and title of all ABC licenses proposed. Check the box if there is no change proposed to the current ABC licensing.
- 3. Existing City Permits:** List the case numbers of any existing City permits related to alcohol service for the establishment.
- 4. Hours of Alcohol Service:** Indicate in the tables the existing and 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.
- 5. Responsible Beverage Service and Sales (RBSS) Training Required:** Provide details on how the establishment complies with RBSS training.
- 6. 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 existing and proposed food service. Check the box if the establishment is 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. Existing Live Entertainment:** If the establishment currently provides live entertainment, check the box and provide a thorough description of all live entertainment offered and the days and hours offered. Describe conditions of existing ABC and City licenses or permits (use permits or entertainment licenses) that pertain to entertainment and provide copies of the permit with the conditions. Indicate the maximum number of performers allowed, whether music is 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. Existing Other Entertainment:** Check the appropriate boxes for other entertainment offered and provide a thorough description.
- 3. Proposed Live Entertainment:** Check the box if live entertainment is proposed. If there are no changes to the previously described live entertainment, check the box and proceed to item 4. For newly proposed live entertainment or for changes to existing live entertainment, thoroughly describe the proposed live entertainment and indicate the days and hours offered. Indicate the maximum number of performers allowed, whether music is amplified or not, and whether or not dancing will be allowed.
- 4. 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 provided or 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 current and 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 AE. 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.