



**CITY OF SAN JOSE**

Planning, Building and Code Enforcement  
 200 East Santa Clara Street  
 San José, CA 95113-1905  
 tel (408) 535-3555 fax (408) 292-6055  
 Website: www.sanjoseca.gov/planning

**Zoning Affidavit for Properties located in the City of San Jose**

**State of California, Department of Alcoholic Beverage Control (ABC)**

*A Conditional Use Permit (CUP) or Planned Development (PD) Permit is now required for new establishments offering off-sale of alcohol beverages (sale of packaged alcoholic beverages for off-sale licenses). A CUP or PD Permit is also required for on-site drinking establishments including taverns, bars, cocktail lounges, and nightclubs, and for any business selling alcohol after midnight. Please check with San Jose Department of Planning, Building and Code Enforcement for other requirements, phone (408) 535-7801.*

**TO BE COMPLETED BY APPLICANT**

Name of Applicant		<b>For Staff Use Only</b>	
Daytime Telephone Number: ( )	Fax Number: ( )		File No: <u>ABCL</u>
Complete Mailing Address:			Fee(s): _____
Complete Address of Business:			Receipt No: _____
		Date: _____	
		By: _____	
Is this a new license?	Hours of Operation:		
Name of Business (DBA):	Type of Business: (Restaurant, bar, etc.)		
License Type/Name:	Number of License Type:		
CUP or PD Permit File Number:	CUP or PD Permit Approval Date:		

Assessor's Parcel Number (APN)\*:  
*\*Can be obtained from the Santa Clara County's Assessor's Office at (408) 299-5500 or the Planning Divisions at (408) 535-7801.*

**FILING FEE:** A filing fee of \$230 plus \$3 (General Plan Update Fee) is due at the time of submission. Additional fees may be assessed and are due prior to the release of the letter to ABC at a rate of \$38 plus the General Plan Update Fee per quarter (1/4) hour after the first 1.5 hours of work completed.

*Under the penalty of perjury, I declare the information in this affidavit is true to the best of my knowledge. I acknowledge that any false or misleading information will constitute grounds for denial of the application for the license; or if the license is issued in reliance on information in this affidavit which is false or misleading, then such information will constitute grounds for revocation of the license so issued.*

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY PLANNING STAFF**

Zoning District	General Plan Designation	Name of Counter Planner
APN MAP Attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does Zoning Allow Intended Use	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is a CUP or PD Permit required	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, the Date the CUP or PD was filed: _____		File Number: _____
<input type="checkbox"/> CUP Approved OR	<input type="checkbox"/> PD Permit Approved	Effective Date: _____
Signature of Planner verifying the above information: _____		Date _____

**PLEASE SUBMIT THIS APPLICATION IN PERSON TO THE DEVELOPMENT SERVICES CENTER, 1<sup>ST</sup> FLOOR, CITY HALL. APPOINTMENTS ARE NOT REQUIRED BUT MAY BE ACCOMMODATED BY CALLING (408) 535-3555.**