

**ALCOHOLIC BEVERAGE CONTROL  
PROPOSED LOCATION COMPLIANCE WITH LOCAL ZONING ORDINANCES**

Name of Permit Applicant: \_\_\_\_\_

Proposed Address of Permit Applicant: \_\_\_\_\_

Name of City (if within city limits): \_\_\_\_\_

Name of County (if outside of city limits): \_\_\_\_\_

Type of ABC Permit: \_\_\_\_\_

**The following should be completed and signed by an appropriate city or county official, depending on the location of the prospective permit:**

I, \_\_\_\_\_, certify under penalty of perjury that the above referenced location that is seeking to apply for an ABC Permit does not conflict with any local zoning ordinances applicable to such an establishment. The proposed location is currently zoned as \_\_\_\_\_ (zoning classification or N/A).

\_\_\_\_\_  
Signature of City or County Official

\_\_\_\_\_  
Title of City or County Official

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED before me, this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:

\_\_\_\_\_