

REQUEST FOR LIQUOR LICENSE DETERMINATION

**KERN COUNTY PLANNING AND
NATURAL RESOURCES DEPARTMENT
2700 "M" Street, Suite 100
Bakersfield, CA 93301
(661) 862-8600**

Applicant Name _____

Applicant Address _____

Applicant Phone Number _____

Address of Proposed Liquor License _____

Assessor's Parcel Number for License Location _____

Description of the Type of License Requested _____

History of Land Use on the Proposed Location _____

Have there been Previous Liquor Licenses at this Location? If Yes, Describe _____

Describe why You Feel the Issuance of the Proposed License is in the Public Convenience _____

Provide Names of Businesses and Locations within 500 Feet of the Proposed Site that also have Valid Liquor Licenses

**ATTACH A COPY OF THE APPLICATION SUBMITTED TO THE STATE OF CALIFORNIA,
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL**

Applicant's Signature _____ Date _____

INDEMNIFICATION AGREEMENT:

In consideration by the County of Kern of a permit for a land use approval project located at

_____,
(address or general location)

I/We (identified below) agree to indemnify, defend, and hold harmless the County of Kern and its officers, agents, employees, departments, commissioners and boards ("County" herein) against any and all liability, claims, actions, causes of action or demands whatsoever against them, or any of them, before administrative or judicial tribunals of any kind whatsoever, in any way arising from, the Applicant's representations contained within this application, including without limitation any CEQA determination or any related development approvals or conditions, whether imposed by County or not, except for County's sole active negligence or willful misconduct.

This indemnification agreement does not prevent the Applicant or property owner from challenging any decision by County related to this project and the obligations of this condition apply regardless of whether any other permits or entitlements are issued.

County will promptly notify Applicant and property owner (if different than Applicant) of any such claim, action, or proceeding, falling under this condition within thirty days of actually receiving such claim. County, in its sole discretion, shall be allowed to choose the attorney or outside law firm to defend County at the sole cost and expense of the Applicant and/or property owner, jointly and severally, and County is not obligated to use any law firm or attorney chosen by another entity or party.

Applicant/Contact:

(If the applicant is not an individual, the corporation name goes under "Print Name," authorized signature below it, and complete below.)

Print Name

Signature

Date

By: _____
Print Name

Title: _____

IMPORTANT NOTE:

Original signatures of the applicant are required on this form for this application to be considered complete for processing.

In addition to providing a copy of the State of California Department of Alcoholic Beverage Control application, the following supplementary materials may be requested in order to continue the processing of your application:

1. An 8.5" x 11" plot plan/site plan depicting all property lines, dimensions and locations of any on-site buildings and structures, and all adjacent streets.
2. An 8.5" x 11" floor plan of the building in which alcohol is proposed to be sold, indicating where the alcohol will be stored within the store, where the front doors will be located, and where the cash register will be located.
3. Exterior photographs of the project site and interior photographs of the building.

Please do NOT submit any fees when submitting this application. If any fees are submitted with this application, they will be returned to you. Staff will send you a formal fee request via mail once your application has been reviewed and a determination has been made that the application is complete by the Kern County Planning and Natural Resources Department.

Please note that it is not the policy of this Department to process applications for liquor licenses if no structure or development yet exists on the project site.

OFFICE USE ONLY

Zone Map No.: _____

Date Filed: _____

Existing Site Zoning: _____

Receipt No.: _____

Received By: _____