



**COMMUNITY DEVELOPMENT DEPARTMENT
PLANNING DIVISION**

411 Main Street, 2nd Floor | P.O. Box 3420, Chico, CA 95927
(530) 879-6800 | www.chicoca.gov | zoning@chicoca.gov

**Zoning Review
Alcohol Beverage Establishment**

Project Information

Applicant Name: _____

Applicant Address: _____

Applicant Email: _____ Applicant Phone: _____

Name of Business: _____

Type of Business: _____

Business Address/Location: _____

Assessor's Parcel No's: _____

Type of ABC License Requested: _____

Business Description

Provide a complete description of business operation (type of business, including any proposed modifications; days and hours of operation; merchandise/services provided, etc.) Additional information may be attached.

City Comments

Distribution of Completed Review: Applicant, Chico Police Department, Community Development Department, California Alcoholic Beverage Control (Redding Office)