



City of Chico

**CITY OF CHICO  
ZONING VERIFICATION AND  
ALCOHOLIC BEVERAGE ESTABLISHMENT REVIEW**



City of Chico

**(Please Print or Type)**

**Alcoholic Beverage Establishment Proposal** *(to be completed by business owner and mailed or delivered to the Community Development Department/Planning Division at 411 Main Street, PO Box 3420, Chico, CA 95927 with a check made payable to the City of Chico for current fees due please check our Planning Fees Brochure)*

**Date:**

**Business Owner's Name:**

**E-mail:**

**Phone Number:**

**Mailing Address:**

**Name of Business:**

**Business Location Address:**

**Type of ABC License (Include License# and Description):**

**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**

Based on the information submitted by the applicant, the following comments are provided:

**Distribution of Completed Review:**

- Applicant
- Police Department
- Community Development Department (File, Electronic)
- California Department of Alcoholic Beverage Control (Redding Office)