



APPLICATION FOR DETERMINATION OF PUBLIC CONVENIENCE OR NECESSITY (PCN)

PURSUANT TO CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTIONS 23958 AND 23858.4

There is no Filing Fee for this application

INSTRUCTIONS

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING ITEMS:

1. COMPLETE THE FORM BELOW
2. ATTACH THE FOLLOWING:
 - A. COPY OF THE CUB APPLICATION PACKAGE SUBMITTED TO THE DEPARTMENT OF CITY PLANNING
 - B. LETTER OF DETERMINATION APPROVING A CONDITIONAL USE PERMIT FOR ALCOHOL SALES
 - C. MAILING LIST OF ABUTTING PROPERTY OWNERS
 - MUST INCLUDE IN LIST – APPLICANT, REPRESENTATIVE, AND PROPERTY OWNER, IF APPLICABLE
 - MUST USE EXCEL TEMPLATE PROVIDED

[Click here to download the Excel Template](#)

SUBMIT THE COMPLETED PCN APPLICATION VIE EMAIL TO:
OFFICE OF THE CITY CLERK, CITY OF LOS ANGELES
CLERK.PCN@LACITY.ORG

ALL FIELDS ARE REQUIRED – COMPLETE ALL ITEMS BELOW OR USE “N/A”

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|------------------|--|
| PROJECT NAME | Erewhon Market |
| PROJECT ADDRESS | 4121 Santa Monica Blvd., Los Angeles, CA 90029 |
| COUNCIL DISTRICT | 13 |

APPLICANT

Check if the Property Owner is the same as the Applicant

| | |
|---------|---|
| NAME | Nowhere Partners Corp |
| ADDRESS | 7660 - A Beverly Blvd., Los Angeles, CA 90036 |
| PHONE | (323) 937-0777 |
| EMAIL | tony@efmkt.com |

PROPERTY OWNER

| | |
|---------|-----------------------------------|
| NAME | 4121 Santa Monica CA I, LLC |
| ADDRESS | PO Box 131237, Carlsbad, CA 92013 |
| PHONE | (323)860-4900 |

REPRESENTATIVE

Check if the Representative is the same as the Applicant

| | |
|---------|---------------------------------------|
| NAME | Brett Engstrom - LiquorLicense.com |
| ADDRESS | 2222 Damon St., Los Angeles, CA 90021 |
| PHONE | (626)993-7350 |
| EMAIL | brett@liquorlicense.com |

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|--|--|
| TYPE OF BUSINESS | Organic Supermarket |
| CITY PLANNING CASE NO. | ZA 2019-5128 CUB |
| TYPE OF ALCOHOL SALES (Select one option) | Both On-Site and Off-Site <input type="button" value="v"/> |

AGENT, CA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

CONTACT INFORMATION REQUIRED. APPLICATION MAY BE REJECTED IF CONTACT INFORMATION IS NOT PROVIDED.

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|-------|---------------------------|
| NAME | Margot Hoffman |
| EMAIL | margot.hoffman@abc.ca.gov |

Note: Attachment maximum size is 25 MB