



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”

PROJECT NAME	SIP SNACK
PROJECT ADDRESS	5003 E YORK BLVD, LOS ANGELES, CA 90042
COUNCIL DISTRICT	14 - HUIZAR

APPLICANT

Check if the Property Owner is the same as the Applicant

NAME	5003 YORK BLVD INC.
ADDRESS	5003 E YORK BLVD, LOS ANGELES, CA 90042
PHONE	(213) 840-7224
EMAIL	kegabbro@icloud.com

PROPERTY OWNER

NAME	ANDREW R JAMGOTCHIAN
ADDRESS	5313 W AVENUE L-10, QUARTZ HILL, CA 93536
PHONE	(661) 510-6620

REPRESENTATIVE

Check if the Representative is the same as the Applicant

NAME	ART RODRIGUEZ ASSOCIATES
ADDRESS	444 E HUNTINGTON DR, #208, ARCADIA, CA 91006
PHONE	(626) 683-9777
EMAIL	sandra@aralicens.com

TYPE OF BUSINESS	BOUTIQUE MARKET/GROCERY STORE
CITY PLANNING CASE NO.	ZA-2018-6727-CUB
TYPE OF ALCOHOL SALES (Select one option)	Off-Site

AGENT, CA DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

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

NAME	CARMEN RAMIREZ
EMAIL	carmen.ramirez@abc.ca.gov

Note: Attachment maximum size is 25 MB