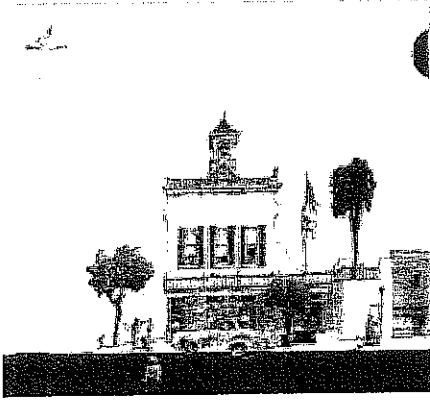


KM

FILE NO.: PCN 2001-01

ASSESSOR'S PARCEL NO.: 011-340-017

FINAL ACTION & DATE: _____



City of Calistoga

Planning & Building Department
Application Form
 1232 Washington Street
 Calistoga CA 94515
 707.942.2827
 707.942.2831 fax

PLANNING APPLICATION FORM

Applicant Information

Applicant's Name: <u>Resort at Indian Springs LLC</u>	Phone: <u>707-942-9035</u>	Fax: <u>707-942-5589</u>	E-Mail Address: <u>Ptmerchant@aol.com</u>
Applicant's Mailing Address: <u>1712 Lincoln Ave.</u>	City: <u>Calistoga</u>	State/Zip Code: <u>CA 94515</u>	
Property Owner's Name: (if different from Applicant) <u>Pat & John Merchant</u>	Phone: <u>707-942-9035</u>	Fax: <u>707-942-5589</u>	E-Mail Address: <u>Ptmerchant@aol.com</u>
Property Owner's Mailing Address: <u>same</u>	City:	State/Zip Code:	
Agent's Name: (if different from Applicant) <u>N/A</u>	Phone:	Fax:	E-Mail Address:
Agent's Mailing Address:	City:	State/Zip Code:	
Other Representative: (Engineer/Architect) <u>N/A</u>	Phone:	Fax:	E-Mail Address:
Representative's Mailing Address:	City:	State/Zip Code:	

Property Information

Project Name and Address: _____

Assessor's Parcel Number(s): 011-340-017-000

Site of site (acreage and/or square footage): _____

General Plan designation: ~~CC-DD~~ COMMUNITY COMMERCIAL Zoning: CC-DD

Growth Management Allocation number or exception status: _____

Application Type (For Staff Use)

<input type="checkbox"/> Appeal	<input type="checkbox"/> General Plan Amendment	<input type="checkbox"/> Subdivision
<input type="checkbox"/> Certificate of Compliance	<input type="checkbox"/> Lot Line Adjustment	<input type="checkbox"/> Tentative Map
<input type="checkbox"/> CEQA Compliance	<input type="checkbox"/> Municipal Code Amendment	<input type="checkbox"/> Tentative Parcel Map
<input type="checkbox"/> Conceptual Design Review/Pre-Application Conference	<input type="checkbox"/> Planned Development Plan	<input type="checkbox"/> Amendment Tentative Map
<input type="checkbox"/> Conditional Use Permit	<input checked="" type="checkbox"/> Public Convenience and Necessity	<input type="checkbox"/> Amendment Tentative Parcel Map
<input type="checkbox"/> Administrative	<input checked="" type="checkbox"/> ABC License	<input type="checkbox"/> Modification to Final Map
<input type="checkbox"/> Amendment	<input type="checkbox"/> Rent Vehicles	<input type="checkbox"/> Variance
<input type="checkbox"/> Major	<input type="checkbox"/> Rezone	<input type="checkbox"/> Voluntary Merger
<input type="checkbox"/> Design Review	<input type="checkbox"/> Sign Permit	<input type="checkbox"/> Zoning Ordinance Amendment
<input type="checkbox"/> Development Agreement		<input type="checkbox"/> Other: _____

Detailed Project Description (required): A typed, detailed project description is required that describes the proposed development or use(s); the existing site conditions/uses; the number, size, type and nature of any proposed residential dwelling units or total amount of new non-residential square-footage by type of use. Please see specific submittal handouts for details to describe.

Conditions of Application

1. All materials and representations submitted in conjunction with this form shall be considered a part of this application.
2. The owner shall inform the Planning Division in writing of any changes.
3. Agent authorization: The property owner authorizes the listed agent(s) and/or other representative(s) to appear before staff, the Planning Commission and City Council to file applications, plans and other information on the owner's behalf.
4. Indemnification: The applicant agrees to defend, indemnify and hold the City, its agents, officers and employees harmless from any claim, action or proceeding to attack, set aside, void or annul and approval of the City concerning the project, as long as the City promptly notifies the applicant of any such claim, action or proceedings and the City cooperates fully in the defense.
5. I hereby authorize employees of the City of Calistoga to enter upon the subject property, as necessary, to inspect the premises and process this application.

I have read and agree with all of the above. The above information and attached documents are true and correct to the best of my knowledge. All property owners holding a title interest must sign the application form. If there are more than two property owners, list their names, mailing addresses, phone numbers and signatures on a separate sheet of paper.

If you wish notice of meetings/correspondence to be sent to parties other than those listed on page 1, please list them on a separate piece of paper.

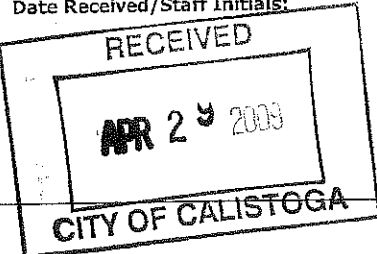
Patricia Merchant 4/25/09
Property Owner's Signature and Date

Property Owner's Signature and Date

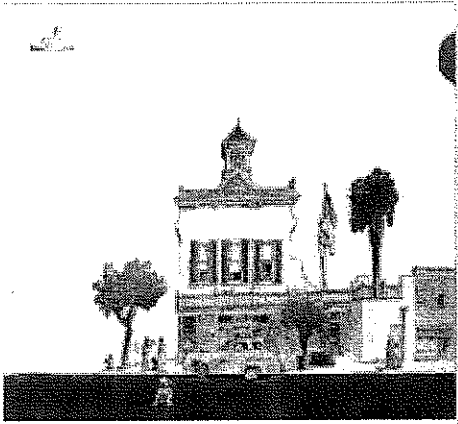
Applicant/Agent Statement

I am authorized and empowered to act as an agent on behalf of the owner of record on all matters relating to this application. I declare that the foregoing is true and correct and accept that false or inaccurate owner authorization may invalidate or delay action on this application.

Patricia Merchant 4/25/09
Applicant's Signature and Date

Date Received/Staff Initials: 	Application Fees	
	DDA Account # & Deposit Amount	\$350.00 (RCPT 253413 - 7/30/10)
	Total Fees Due	\$ 10.00
	Check No.	CASH

7/30/10
KOM



APPLICATION NO.: PCN 2009-01

FINAL ACTION & DATE: _____

City of Calistoga

Planning & Building Department
Public Convenience and Necessity

Alcoholic Beverage License Supplemental Form

1232 Washington Street
Calistoga CA 94515
707.942.2827 telephone
707.942.2831 fax

Applicant's Full Name:

Patricia Takacs Merchant

Birthdate:

1/16/1949

First

Middle

Last

Month/Day/Year

California Drivers License #:

E0917768

Year of Expiration:

1/16/13

Physical Description:

5'10"

162

Red

Brown

Yes No

Height

Weight

Hair Color

Eye Color

Lenses

Are you a U.S. Citizen Yes No If no, describe: _____

If this proposed business involves a partnership, corporation or firm, please list the residence address, business address and citizenship of all members of the firm or partnership, and/or all officers and directors of the corporation (you may use an attachment if necessary):

LLC - Attached.

Describe the exact nature of the proposed business and how you intend to operate:

Wine shop in retail store for guest purchase only. Only for guests to enjoy on property. Will accompany packaged food (i.e. cheese, crackers). Retail only.

Describe your previous experience with this type of operation:

Owned previous restaurant

City of Calistoga
Alcoholic Beverage License
PCN Supplemental Application

Have you ever been convicted of a felony, or the violation of a narcotic law, or of any penal law involving moral turpitude?: Yes No If Yes, provide details:

AFFIDAVIT – READ VERY CAREFULLY

All answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application.

I hereby authorize any and all individuals, firms or corporations to furnish the City of Calistoga with information they may have concerning me, whether or not on record. I hereby release any and all individuals, firms or corporations from any liability for any damages whatsoever in furnishing said information.

Signature Patricia Merchant

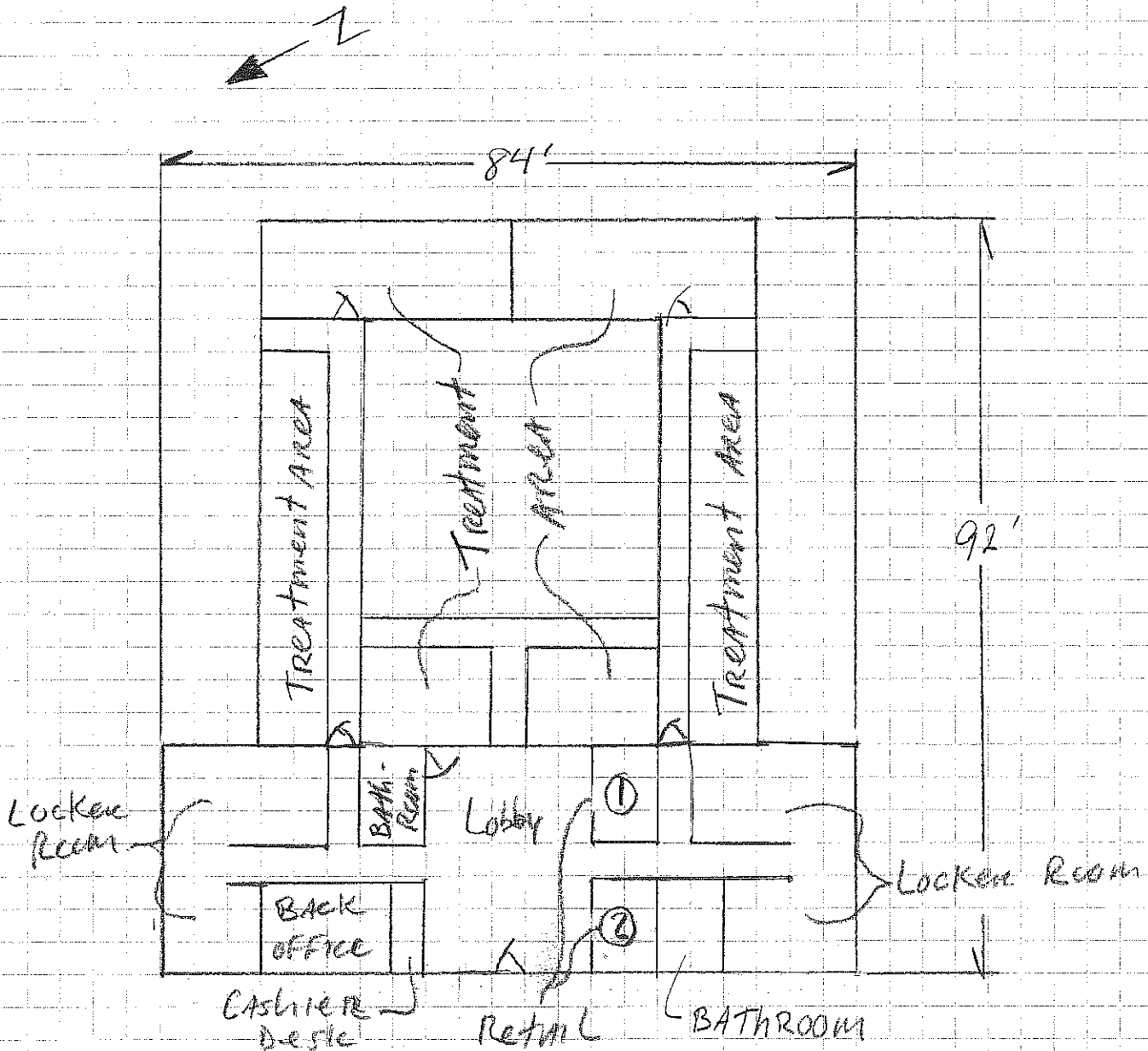
Date 4/24/09

Indian Springs Resort Type 20
1712 Lincoln Ave. Calistoga, CA 94515

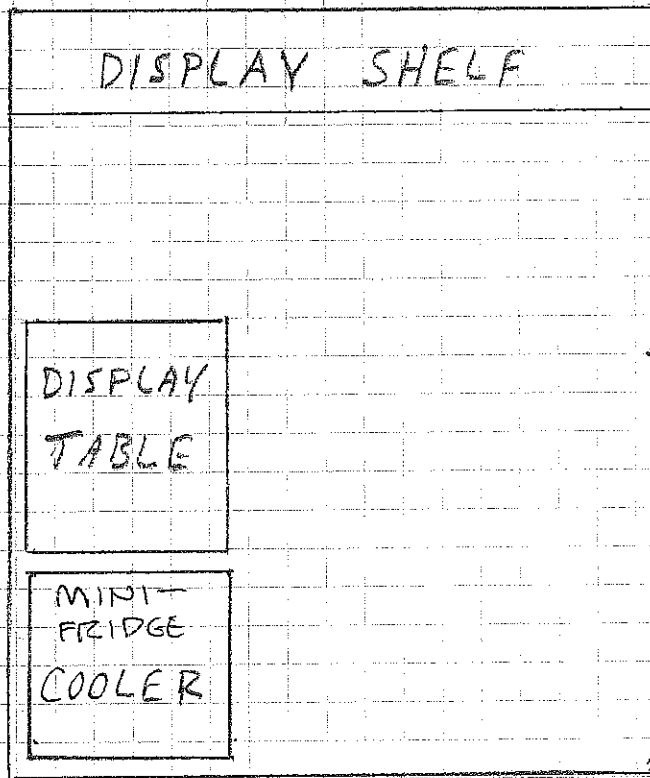
Brannan St. - nearest corner St.

Retail 1 = 2 sets of glass display shelves

Retail 2 = 2 display shelves
1 - wine cooler



RETAIL 2



2 SQUARES = 1 FT.