

NOTICE OF EXEMPTION

TO: \_\_\_\_\_ Office of Planning and Research  
 1400 Tenth Street, Room 121  
 Sacramento, CA 95814

FROM: City of Cypress  
 5275 Orange Avenue  
 Cypress, CA 90630

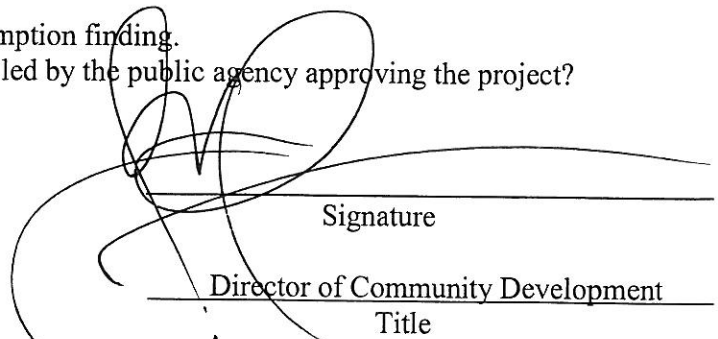
X  County Clerk-Recorder  
 Public Services Division  
 P.O. Box 238  
 Santa Ana, CA 92702

|  |                           |  |
|--|---------------------------|--|
| <b>Project Title</b><br>Conditional Use Permit No. 2010-05   |                           |  |
| <b>Project Location - Specific</b><br>5005 Ball Road   |                           |  |
| <b>Project Location - City</b><br>Cypress  |                           | <b>Project Location - County</b><br>Orange |
| <b>Description of Nature, Purpose, and Beneficiaries of Project</b><br>A Request by Walgreens to approve a Type 20 Off-Sale Beer and Wine license for the existing Walgreens drug store located at 5005 Ball Road.   |                           |  |
| <b>Name of Public Agency Approving Project</b><br>City of Cypress  |                           |  |
| <b>Name of Person or Agency Carrying Out Project (Applicant's Name and Address)</b><br>Walgreens, c/o Luce Forward, 600 W. Broadway, Suite 2600, San Diego, CA 90067   |                           |  |
| <b>Exempt Status: (Check One)</b><br><input type="checkbox"/> Declared Emergency (Sec. 21080(b)(3);15269(a));<br><input type="checkbox"/> Emergency Project (Sec. 21080(b)(4); 15269(b)(c));<br><input checked="" type="checkbox"/> Categorical Exemption. Class 1, Section 15301<br><input type="checkbox"/> Statutory Exemptions. State Code Number: |                           |  |
| <b>Reasons why project is exempt:</b><br>The project involves only the licensing for the off-site sale of beer and wine within an existing building.   |                           |  |
| <b>Lead Agency Contact Person</b><br>Doug Hawkins  | <b>Area Code</b><br>(714) | <b>Telephone Number</b><br>229-6720        |

If filed by applicant:

1. Attach certified document of exemption finding.
2. Has a notice of exemption been filed by the public agency approving the project?  
 Yes  X  No \_\_\_\_\_

\_\_\_\_\_  
 Date Received for Filing at OPR

  
 \_\_\_\_\_  
 Signature  
 \_\_\_\_\_  
 Director of Community Development  
 Title

- Signed by Lead Agency  
 Signed by Applicant