

Notice of Exemption

Appendix E

To: Office of Planning and Research
P.O. Box 3044, Room 113
Sacramento, CA 95812-3044

County Clerk

County of: Los Angeles

From: (Public Agency): City of Downey
11111 Brookshire Ave
Downey Ca, 90241

(Address)

Project Title: PLN-25-00127 Conditional Use Permit for Round1

Project Applicant: JENNA SPIVEY

Project Location - Specific:

500 Stonewood Street

Project Location - City: Downey

Project Location - County: Los Angeles

Description of Nature, Purpose and Beneficiaries of Project:

REQUEST TO OPERATE A 139,745 SQUARE FOOT INDOOR ENTERTAINMENT CENTER WITH AN ARCADE, BOWLING ALLEY, ACTIVITY AREA, AND A RESTAURANT WITH ABC TYPE 47 LICENSE WITHIN AN EXISTING TENANT SPACE IN THE STONEWOOD CENTER

Name of Public Agency Approving Project: City of Downey

Name of Person or Agency Carrying Out Project: JENNA SPIVEY - ON BEHALF OF ROUND1 ENTERTAINMENT

Exempt Status: (check one):

☐ Ministerial (Sec. 21080(b)(1); 15268);

☐ Declared Emergency (Sec. 21080(b)(3); 15269(a));

☐ Emergency Project (Sec. 21080(b)(4); 15269(b)(c));

☒ Categorical Exemption. State type and section number: 15301 (Class 1, Existing Facilities)

☐ Statutory Exemptions. State code number: _____

Reasons why project is exempt:

This exemption consist of the operation, repair, maintenance, permitting, leasing, licensing, or minor alteration of existing public or private structures, facilities, mechanical equipment, or topographical features, involving negligible or no expansion

Lead Agency

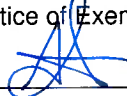
Contact Person: Abraham Luna

Area Code/Telephone/Extension: 562-904-7154

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 No

Signature:  Date: 12/8/2025 Title: Senior Planner

▪ Signed by Lead Agency Signed by Applicant

Authority cited: Sections 21083 and 21110, Public Resources Code.
Reference: Sections 21108, 21152, and 21152.1, Public Resources Code.

Date Received for filing at OPR: _____