State of California   Department of Alcoholic Beverage Control

CATERING AUTHORIZATION APPLICATION

Please read instructions before completing form.

LICENSE NUMBER
RECEIPT NUMBER
TOTAL FEE
$

SECTION 1

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)	2. CONTACT PERSON	3. CONTACT PHONE NUMBER

4. LICENSED PREMISES ADDRESS	5. MAILING ADDRESS (IF DIFFERENT)

6. EVENT LOCATION (Street number and name, city, zip code)

7. DESCRIPTION OF LOCATION (Parking lot, office building, residence, county/city park, etc.)

8. EVENT LOCATION IS WITHIN THE CITY LIMITS ☐ Yes ☐ No	9. EVENT DATE(S)	10. TOTAL NUMBER OF DAY(S)
11. EVENT HOURS From _____ To _____	12. EVENT OPEN TO THE PUBLIC ☐ Yes ☐ No	13. ESTIMATED ATTENDANCE

SECTION 2   CATERING EVENT

14. EVENT TYPE

☐ Convention   ☐ Trade Exhibit   ☐ Social Gathering   ☐ Anniversary

☐ Sporting Event ☐ Picnic   ☐ Wedding   ☐ Birthday

☐ Other _____

15. NUMBER OF EVENTS CATERED THIS YEAR AT THIS LOCATION (Not applicable to club licensees)

16. ORGANIZATION SPONSORING EVENT	17. PERSON IN CHARGE OF EVENT
18. MAILING ADDRESS	19. PHONE NUMBER OF ABOVE PERSON

SECTION 3   EVENT AUTHORIZED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 25600.5

20. SUPPLIER NAME	21. SUPPLIER LICENSE NUMBER
22. SUPPLIER CONTACT PERSON	23. SUPPLIER CONTACT PHONE NUMBER

SECTION 4

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE SIGNATURE	DATE SIGNED

SECTION 5   LOCAL LAW ENFORCEMENT AGENCY APPROVAL (IF APPLICABLE)

SIGNATURE	TITLE	DATE SIGNED

SECTION 6   AUTHORIZATION (For ABC Use Only)

PROPERTY OWNER APPROVAL REQUIRED ☐ Yes, attached ☐ No	CONDITIONS/ACKNOWLEDGMENTS REQUIRED ☐ Yes, attached ☐ No	DIAGRAM REQUIRED ☐ Yes, attached ☐ No	LAW ENFORCEMENT APPROVAL REQUIRED ☐ Yes ☐ No
DISTRICT APPROVAL BY (Name)	ABC EMPLOYEE SIGNATURE		DATE SIGNED

ABC-218 (rev. 01/14)