

**PLANNED OPERATION (NON-RETAIL)**

1. APPLICANT NAME(S) (Last, first, middle)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)

4. PREMISES (Check all that apply)

Office     
  Warehouse     
  Production Facility     
  Restaurant on Premises     
  Tasting Room

5. MANUFACTURE <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	IMPORT <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits	WHOLESALE (Distribute) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Distilled Spirits
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6. SELL TO

Retailers     
  Wholesalers     
  Export out of California     
  Consumers

7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Rural <input type="checkbox"/> Other: _____	8. LOCATED ON <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other: _____	9. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of Stories: _____
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10. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

11. BRAND NAME(S) AND TYPE OF PRODUCT(S) (i.e., beer, wine, distilled spirits) WE WILL MANUFACTURE/IMPORT/DISTRIBUTE

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12. SOURCE(S) OF SUPPLY OF ALCOHOLIC BEVERAGES AND SUPPLIER ADDRESS(ES) (Street number and name, city, state, zip code)

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\_\_\_\_\_

13. PRODUCT WILL BE SHIPPED TO ME/US VIA	14. MANUFACTURE GRAPE BRANDY <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. PRODUCT WILL BE SHIPPED TO MY/OUR CUSTOMERS VIA	16. PRODUCT WILL BE SHIPPED FROM (Street number and name, city, state, zip code)	
17. PRODUCT WILL BE STORED AT (Street number and name, city, state, zip code)	18. BUSINESS RECORDS WILL BE MAINTAINED AT (Street number and name, city, state, zip code)	
19. FEDERAL BASIC PERMIT REQUIRED FROM BUREAU OF ALCOHOL, TOBACCO & FIREARMS? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	BATF BASIC PERMIT NUMBER
20. BONDED WINERY PERMIT REQUIRED FROM BATF? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	BONDED WINERY PERMIT NUMBER
21. REGISTRATION REQUIRED FROM STATE BOARD OF EQUALIZATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, APPLICATION DATE	

**FOR ABC USE ONLY**

INFORMATION PROVIDED <input type="checkbox"/> ABC-578 Instructions to Beer Vendors <input type="checkbox"/> ABC-413 Instructions to Distilled Spirits Shipper <input type="checkbox"/> ABC-414 Distilled Spirits Shipper Agreement	PROVIDED BY (Name)	DATE PROVIDED
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COMMENTS/ADDITIONAL INFORMATION

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