

PRIORITY APPLICATION QUESTIONNAIRE

Instructions: Complete this form. Use the reverse side if you need more space. Submit this form when you file your Priority Application. Include a certified check, cashier's check, or money order for the application fee.

DATE	LICENSE TRANSACTION <input type="checkbox"/> ORIGINAL <input type="checkbox"/> INTERCOUNTY TRANSFER	LICENSE TYPE <input type="checkbox"/> ON-SALE (RESTAURANT) <input type="checkbox"/> OFF-SALE (STORE)
COUNTY WHERE BUSINESS LOCATED	PREMISES ADDRESS (Street number and name, city, zip code) (If known)	

APPLICANT(S) NAME(S) (Print)	PHONE NUMBER
MAILING ADDRESS (Street number and name, city, state, zip code)	MULTIPLE OUTLET STATUS <input type="checkbox"/> P-12 <input type="checkbox"/> P-12A

TYPE OF OWNERSHIP (Check one)

<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Managed By One Manager <input type="checkbox"/> Managed By More Than One Manager/Officer <input type="checkbox"/> Managed By LLC Members <input type="checkbox"/> Single Member
---	---

• GENERAL PARTNER(S) OF LIMITED PARTNERSHIP

PRINTED NAME	PRINTED NAME
PRINTED NAME	PRINTED NAME

• CORPORATE OFFICERS AND DIRECTORS (AND PERCENTAGE OF STOCK OWNED, IF ANY)

PRESIDENT (Print name)	%	SECRETARY (Print name)	%
VICE PRESIDENT (Print name)	%	TREASURER (Print name)	%
DIRECTOR (Print name)	%	DIRECTOR (Print name)	%
DIRECTOR (Print name)	%	DIRECTOR (Print name)	%

• ALL STOCKHOLDERS AND PERCENTAGE OF STOCK (Must total to 100%)

• ALL LIMITED PARTNERS AND PERCENTAGE OF CAPITAL OR PROFITS (Must total to 100%)

PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%

• LIMITED LIABILITY COMPANY MANAGER(S)

• ALL LIMITED LIABILITY COMPANY MEMBERS AND PERCENTAGE OF CAPITAL OR PROFITS (Must total to 100%)

PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%
PRINTED NAME	%	PRINTED NAME	%

FOR DEPARTMENT USE ONLY

APPROVAL SIGNATURE	DATE SIGNED

REMINDERS TO ALL APPLICANTS:

- You must be a California resident for 90 days prior to the drawing, if one is held. You must provide proof of residency if you are successful.
- If you are applying as sole owner you must provide proof of legal presence in the United States.
- Only certified checks, cashier's check, or money orders are accepted.
- You must disclose fully and completely all persons with an interest in the license. Changes of any owner(s) and/or person(s) holding an interest in the license made after the application is submitted will cause the application to be disqualified.