

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
 Edmund G. Brown Jr., Governor

Please read instructions, which includes Privacy Notice, before completing form.

1. APPLICANT'S NAME(S) (If an individual, first name, middle name, last name. Name of entity if corporation, limited partnership or limited liability company.)

	P-12 LICENSEE <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete form ABC-811)</i>
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2. LICENSE TYPE(S) (Check appropriate items)	3. TRANSACTION TYPE (Check appropriate item)
<input type="checkbox"/> 20 Off-Sale Beer & Wine	<input type="checkbox"/> Original (New)
<input type="checkbox"/> 21 Off-Sale General	<input type="checkbox"/> Person-to-Person Transfer (check appropriate section):
<input type="checkbox"/> 40 On-Sale Beer	<input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)
<input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place	<input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership)
<input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises	<input type="checkbox"/> Section 24071.2 (Limited Liability Company)
<input type="checkbox"/> 47 On-Sale General Eating Place	<input type="checkbox"/> Premises-to-Premises Transfer
<input type="checkbox"/> 48 On-Sale General Public Premises	<input type="checkbox"/> Exchange
<input type="checkbox"/> Other	<input type="checkbox"/> Other

4. TEMPORARY PERMIT REQUESTED (Person-to-Person transfers only)
 Yes No

5. PREMISES ADDRESS (Where license to be issued) (Street number and name, city, zip code) _____ County _____

6. PREMISES TELEPHONE NUMBER () _____ 7. PREMISES ARE INSIDE CITY LIMITS Yes No 8. BUSINESS NAME (DBA) YOU WILL USE _____

9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code) _____ 10. MAILING ADDRESS Permanent Temporary

11. ABC LICENSE COST (Item #33a on reverse) _____ 12. SUBTOTAL (Item #33f on reverse) _____

13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? Yes No 14. HAS THE APPLICANT(S) EVER VIOLATED ANY OF THE PROVISIONS OF THE ALCOHOLIC BEVERAGE CONTROL ACT OR REGULATIONS OF THE DEPARTMENT PERTAINING TO THE ACT? Yes No

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN _____

16. TRANSFEROR'S NAME (If an individual, last, first, middle. Name of entity if corporation, limited partnership or limited liability company.) _____ 17. ABC LICENSE NUMBER _____

18. TRANSFEROR'S PREMISES ADDRESS (Where license is now issued) (Street number and name, city, zip code) _____

19. PREMISES UNDER CONSTRUCTION Yes No IF YES, LIST ESTIMATED COMPLETION DATE _____ 20. FRANCHISE Yes No

21. NAME OF PERSON WE MAY CONTACT (For the applicant) _____ 22. TITLE OF CONTACT PERSON _____

23. CONTACT TELEPHONE NUMBER () _____ 24. CONTACT E-MAIL ADDRESS _____

25. PREMISES IS CURRENTLY LICENSED Yes No IF YES, TYPE OF LICENSE _____ 26. CURRENT LICENSE IS OPERATING Yes No IF NO, DATE CLOSED _____

FINANCIAL INFORMATION

27. ESCROW COMPANY'S NAME _____ ESCROW COMPANY'S ADDRESS _____ TELEPHONE NUMBER () _____

28. BOOKKEEPER/ACCOUNTANT'S NAME _____ BOOKKEEPER/ACCOUNTANT'S ADDRESS _____ TELEPHONE NUMBER () _____

29. LANDLORD'S NAME _____ LANDLORD'S ADDRESS _____ TELEPHONE NUMBER () _____

30. MONTHLY RENT _____ 31. LEASE EXPIRATION DATE _____ 32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES All Some None

