

TIED-HOUSE CERTIFICATION

For instructions on completing this form refer to [ABC-140 Tied-House Certification Instructions](#).

1. Applicant Name(s) (If an individual: first name, middle name, last name. If a general partnership, limited partnership, corporation, non-profit, limited liability company, or trust: name of entity)

2. License Type(s)

3. Premises Address (Street number and name, city, zip code)

4. Email Address

5. Applicant Entity

Sole Proprietor
Corporation

General Partnership
Limited Partnership

Limited Liability Company
Other (Describe):

Be sure to review the definition of “applicant” and all other corresponding definitions in the instructions before answering questions 6 through 9 below.

6. Does the above applicant hold any ownership or interest, directly or indirectly, in any alcohol business in California?

Yes No

If yes, explain details of ownership or interest:

7. Does the above applicant hold any ownership or interest, directly or indirectly, in any alcohol business anywhere in the world outside of California?

Yes No

If yes, explain details of ownership or interest:

8. Is the above applicant currently employed in any alcohol business in California?

Yes No

If yes, explain details of employment:

9. Is the above applicant currently employed in any alcohol business anywhere in the world outside of California?

Yes No

If yes, explain details of employment:

Details provided above must be thorough and complete. If more space is needed, please attach additional pages.

TIED-HOUSE CERTIFICATION (continued)

10. I have read and understand form ABC-140 Tied-House Certification Instructions.

11. I understand that any missing or incomplete information may constitute a misrepresentation of material fact which could result in denial of the application, revocation of the license, or may extend the processing and approval time of the application

I have read all of the above information and certifications and declare under penalty of perjury they are true, correct, and complete.

12. Printed Name of Person Signing for Applicant

13. Title of Person Signing Form

14. Signature

15. Date Signed

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Comments/Additional Information:
