LICENSE TRANSFER REQUEST ("SIGN OFF")

Information: This form is to be signed by sellers only. Read instructions Form ABC-211-A-INSTR before completing. All signatures must be witnessed by an ABC employee or notarized in accordance with laws of the State where signed.

1. District Office

2. License Number

3. Transaction Type

◯ Exchange ◯ Person to Person Transfer ◯ Premise to Premise Transfer ◯ Other:

4. Seller's Name (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)

5. Buyer's Name (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)

6. Existing Premises Address (Street address, city, state, zip code)

7. Seller's Business Mailing Address (Street address/P.O. Box, city, state, zip code)

8. Seller's Phone Number

9. Seller's Email Address

10. Does the Seller authorize the Buyer to request a Temporary Permit to operate the licensed premises during the transfer waiting period?

◯ Yes (If yes, complete Items 11 – 16 below) ◯ No (If no, skip to Seller's Certification)

11. Renewal Due Date

12. Last Date of Operation by the Seller

13. Date the Seller's License Can Be Surrendered

14. Date the Buyer Can Begin Operating with a Temporary Permit (Initial Temporary Permits are valid for 120 days)

I hereby request surrender of my license under Section 24045.5(b) of the ABC Act so that a Temporary Permit may be issued to the buyer.

15. Printed Name

16. Signature of Seller for Temporary Permit (Only one signature required) Date Signed

LICENSE TRANSFER REQUEST ("SIGN OFF") (continued)

SELLER'S CERTIFICATION

Under penalty of perjury, each person whose signature appears on this form, certifies and says: (1) They are the Seller named in the foregoing transfer application, duly authorized to make this transfer application; (2) that they hereby make application to surrender all interest in the license(s) described above and to transfer same to the Buyer and/or location indicated on the upper portion of this form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of seller or to defraud or injure any creditor of seller; (4) that the transfer application may be withdrawn by either the Buyer or the Seller with no resulting liability to the Department.

If you are signing on behalf of a deceased spouse or domestic partner, you must check the box and enter your name and their name. A certified copy of the death certificate must be provided.

Check this box to declare that you are signing on behalf of a deceased spouse or domestic partner ☐

Your Name Name of Deceased Spouse or Domestic Partner

SOLE OWNER

17. Complete Printed Name, Signature, and Date Signed.

Printed Name (first, middle, last)	Signature	Date Signed

GENERAL PARTNERSHIP (Signatures of general partners only)

18. Complete Partner's Printed Name (if signing on behalf of an entity, write the name of the entity in parentheses after Printed Name), Signature, and Date Signed.

Partner's Printed Name (first, middle, last)	Signature	Date Signed

LIMITED PARTNERSHIP (Signatures of general partners only)

19. Complete Partner's Printed Name (if signing on behalf of an entity, write the name of the entity in parentheses after Printed Name), Signature, and Date Signed.

Partner's Printed Name (first, middle, last)	Signature	Date Signed

LICENSE TRANSFER REQUEST ("SIGN OFF") (continued)

CORPORATION

20. Complete Printed Name (if signing on behalf of an entity, write the name of the entity in parentheses after Printed Name), Signature, and Date Signed. Check the appropriate Title box for the person who signs.

Printed Name (first, middle, last)	Signature	Date Signed

Title: ◯ President ◯ Vice President ◯ Chairperson of the Board

Printed Name (first, middle, last)	Signature	Date Signed

Title: ◯ Secretary ◯ Assistant Secretary ◯ Chief Financial Officer ◯ Assistant Treasurer

LIMITED LIABILITY COMPANY (information below must match California Secretary of State records exactly and Operating Agreement, if applicable)

21.The Limited Liability Company is member-run ..... ◯ Yes ◯ No (If no, complete Item 22 below)

22. Name of Designated Manager, Managing Member, or Designated Officer

23. Complete LLC Member's Printed Name (if signing on behalf of an entity, write the name of the entity in parentheses after Printed Name), Signature, and Date Signed.

LLC Member's Printed Name (first, middle, last)	Signature	Date Signed

ADDITIONAL SIGNATURES

24. Complete Printed Name (if signing on behalf of an entity, write the name of the entity in parentheses after Printed Name), Signature, and Date Signed. Attach additional pages if necessary.

Printed Name (first, middle, last)	Signature	Date Signed

ABC STAFF OR NOTARY PUBLIC ONLY

Instructions: To be completed by ABC employee or notary public that has verified the identity of the signatory/signatories and witnessed their signature(s). Initial next to the signatures that were witnessed on the previous pages and then print name and date below to certify.

ABC Employee or Notary Public Printed Name (first, middle, last) Date