

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
Gavin Newsom, Governor

*Please read the **instructions** (Form ABC-217 Instr), which includes a Privacy Notice, before completing the 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 (If yes, complete form ABC-811)	
2. LICENSE TYPE(S) (Check appropriate items)		3. TRANSACTION TYPE (Check appropriate item)	
20 Off-Sale Beer & Wine		Original (New)	
21 Off-Sale General		Person-to-Person Transfer (check appropriate section):	
40 On-Sale Beer		Section 24071 (Surviving spouse, corporations, fiduciaries, etc.)	
41 On-Sale Beer & Wine Eating Place		Section 24071.1 (Corporate Stock/Limited Partnership)	
42 On-Sale Beer & Wine Public Premises		Section 24071.2 (Limited Liability Company)	
47 On-Sale General Eating Place		Premises-to-Premises Transfer	
48 On-Sale General Public Premises		Exchange	
Other		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 OUTSIDE 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

33. INVESTMENT INFORMATION	COST
a. ABC License	\$
b. Furniture/fixtures	\$
c. Inventory	\$
d. Goodwill/non-compete covenant	\$
e. Leasehold and/or Improvements	\$
f. SUBTOTAL (Usually should equal the recorded notice)	\$
g. Fees for other licenses, permits, and deposits (approximate). Include Federal, State, County or City license fees or permits; lease and utility deposits	\$
h. Working capital (approximate)	\$
i. Realty or interest therein	\$
j. TOTAL INVESTMENT (Items f through i) (will equal total of amounts listed in item #33)	\$

34. Source of Funds for Total Investment (item #33j) - identify amount(s), type(s) and explain source(s) and/or terms of Repayment

Amount	Type	Source and/or Terms of Repayment
<i>Examples</i> \$1,000	Gift	John Doe, Brother
\$15,000	Promissory Note	to seller, payable @ \$1,000 per month for 15 months
\$10,000	Loan	from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052

35. LIST ALL BANK ACCOUNTS FOR THIS BUSINESS OPERATION

BANK NAME	BANK ADDRESS	ACCOUNT NUMBER
a.		
b.		

c. NAMES OF ALL PERSONS AUTHORIZED TO SIGN ON BANK ACCOUNT(S) (Print)

I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license(s). For a period of 90 days from this date, I/we hereby authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my/our financial institution(s) or any financial records established in connection with this business. This authorization to examine records at any financial institution may be revoked at any time. I/we also authorize the Department of Alcoholic Beverage Control, or any of its officers, to examine and secure copies of any business records or documents established in connection with this business including, but not limited to those on file with my/our bookkeeper. I/we also read all of the above and declare under penalty of perjury that each and every statement is true and correct.

36. APPLICANT SIGNATURE (Only one signature needed)	PRINTED NAME	DATE SIGNED

ATTEST (ABC Employee or Notary Public)