

APPLICATION FOR NEIGHBORHOOD-RESTRICTED SPECIAL ON-SALE GENERAL LICENSE (TYPE 87)

APPLICANT INFORMATION: Complete and submit this form only after thoroughly reviewing form [ABC-522-INSTR](#). Applicants must also submit a certified check, cashier's check, or money order in the amount of the application fee. It is the applicant's responsibility for ensuring that their priority application is complete and received by the department within the announced priority application period. If the applicant is not a sole owner, they must submit the appropriate attachment as described in item 7 to have a complete application. Any priority application received by the department that is incomplete or untimely shall be disqualified.

The census tracts listed in subdivision (b)(3) of the Business and Professions code (BPC) § 23826.13 for the City and County of San Francisco are currently full, so the department will not be accepting applications for this neighborhood.

Applications will be disqualified if items 2-3 and 7-9 are incomplete. These items are indicated by an asterisk (*).

1. **Date** (*mm/dd/yyyy*)

2. **Applicant 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)

3. **Mailing Address***

Street Number and Name

City, State, and Zip Code

4. **Contact Name** (*first, last*)

5. **Contact Phone Number**

6. **Contact E-mail Address**

FOR ABC USE ONLY

Pending License Number: _____

Total Pages: ____

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(continued)

7. Applicant Details* (Check the appropriate box)I am a **Sole Owner** and will provide my information in the line below:Name (*first, middle, last*)DOB (*mm/dd/yyyy*)

SSN # (last 4)

I am **NOT a Sole Owner** and will provide my information on the appropriate attachment for my entity type:**General Partnership** – Applicant must complete and submit Form ABC-522-ATT-B.General Partnership Names (separated by commas):

Limited Partnership – Applicant must complete and submit Form ABC-522-ATT-C.Limited Partnership Name:

Corporation or Non-Profit – Applicant must complete and submit Form ABC-522-ATT-D.Corporation or Non-Profit Name:

Limited Liability Company – Applicant must complete and submit Form ABC-522-ATT-E.Limited Liability Company Name:

Trusts – Applicant must complete and submit Form ABC-522-ATT-F.Trust Name:

8. Read and Acknowledge* items 8a–8c by initializing in the provided spaces.

8a. ____ Applicant acknowledges that if a drawing is required for Type 87 licenses, that proof of residency (as defined) shall be required for participation.

8b. ____ Applicant **certifies that they have no interest in any other Type 87 license application** and acknowledges that any changes in ownership or interest in the applicant entity made after the application is submitted may be grounds for disqualification from the Type 87 licensing process.

8c. ____ Applicant acknowledges that they bear the burden for ensuring that their priority drawing application is complete and received by ABC within the noticed priority drawing application period. If the application is incomplete or untimely the application will be deemed disqualified, and they will not be able to participate in the requested priority drawing, pursuant to Title 4 California Code of Regulations section 69.2 (c).

9. Applicant Signature*

I read all of the above and declare under penalty of perjury that all statements are true and correct.

Applicant Signature

Printed Name and Title

Date Executed

APPLICATION FOR NEIGHBORHOOD-RESTRICTED SPECIAL ON-SALE GENERAL LICENSE (TYPE 87)
(continued)**ITEM INSTRUCTIONS:**

Item 1 (Date) – Today's date (mm/dd/yyyy).

Item 2 (Applicant Name) – Name that would appear on the ABC license. If the applicant is an individual, enter first name, middle name, and last name. If the applicant is a general partnership, limited partnership, corporation, non-profit, limited liability company, or trust, enter the name of the entity.

Item 3 (Mailing Address) – Applicant's full mailing address, including street number and name, city, state, and zip code.

Item 4 (Contact Person Name) – First and last name of the person best to provide for clarification and details.

Item 5 (Contact Phone Number) – Phone number of the person best to provide for clarification and details.

Item 6 (Contact E-mail Address) – E-mail address of the person best to provide for form clarification and details.

Item 7 (Applicant Details) – Select the appropriate box for the applicant (potential Licensee) type.

If Applicant is a sole owner, enter first name, middle name, last name, date of birth, and last four digits of social security number.

- Complete and submit this ABC-522 form only.

If not a Sole Owner, enter the name of the entity **exactly** as it is listed on the Articles of Incorporation from the California Secretary of State and complete the corresponding Attachment. Ensure information is accurate and spelling matches all previously filed correspondence with any other government entity.

- **If Applicant is a general partnership**, enter names.
 - Complete and submit this ABC-522 form **AND** ABC-522-ATT-B.
- **If Applicant is a limited partnership**, enter name.
 - Complete and submit this ABC-522 form **AND** ABC-522-ATT-C.
- **If Applicant is a corporation or non-profit**, enter name.
 - Complete and submit this ABC-522 form **AND** ABC-522-ATT-D.
- **If Applicant is a limited liability company**, enter name.
 - Complete and submit this ABC-522 form **AND** ABC-522-ATT-E.
- **If Applicant is a trust**, enter name.
 - Complete and submit this ABC-522 form **AND** ABC-522-ATT-F.

Item 8 (Read and Acknowledge) – Read and initial items 8a–8c.

Item 9 (Applicant Signature) – Sign, print name and title, and date. If the applicant is an entity, then only one signature is required. However, the signer must hold one of the following official titles per their legal entity structure: President, Vice President, Chairman of the Board, Secretary, Assistant Secretary, Chief Financial Officer, Assistant Treasurer, Managing Member, Member, General Partner of the Limited Partnership, or trustee.