

**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 INSTRUCTIONS](#). 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 to ensure that their priority application is complete and received by the department within the noticed priority application period. If the applicant is not a sole owner, they must submit the appropriate attachment as described in Item 10 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 subdivisions (b)(1) and (b)(6) of the Business and Professions code (BPC) § 23826.13 are currently full, so the department will not be accepting applications for those neighborhoods. Additionally, if the department receives more applications than the number of licenses available for a neighborhood, the applicants will be placed in a random drawing to determine the order in which applications will be processed for that neighborhood.

**Applications will be disqualified if items 2-9 are incomplete.**

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

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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)

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

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4. **Contact Phone Number**

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5. **Contact e-mail Address**

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6. **Mailing Address**

*Street Number and Name*

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*City, State, and Zip Code*

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**FOR ABC USE ONLY**

Pending License Number: \_\_\_\_\_

Total Pages: \_\_\_\_

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

**10. 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)** – Input today’s date (mm/dd/yyyy).

**Item 2 (Applicant Name)** – Enter the 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 (Contact Person Name)** – The first and last name of the person best to provide for clarification and details.

**Item 4 (Contact Phone Number)** – The phone number of the person best to provide for clarification and details.

**Item 5 (Contact e-mail Address)** – The e-mail address of the person best to provide for form clarification and details.

**Item 6 (Mailing Address)** – The applicant’s full mailing address, including street number and name, city, state, and zip code.

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

If Sole Owner, enter first name, middle name, and last name, date of birth, and last four digits of social security number\* or driver’s license # or state-issued ID # or passport #.

If not a Sole Owner, enter the name of the entity 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 sole owner**, enter first name, middle name, and last name, date of birth, and last four digits of social security number\* or driver’s license # or state-issued ID # or passport #.
  - Complete and submit this ABC-522 form only.
- **If Applicant is a general partnership**, enter name(s).
  - Complete and submit this ABC-522 form.
  - Complete and submit the [ABC-522-ATT-B](#).
- **If Applicant is a limited partnership**, enter name.
  - Complete and submit this ABC-522 form.
  - Complete and submit the [ABC-522-ATT-C](#).
- **If Applicant is a corporation or non-profit**, enter name.
  - Complete and submit this ABC-522 form.
  - Complete and submit the [ABC-522-ATT-D](#).
- **If Applicant is a limited liability company**, enter the name.
  - Complete and submit this ABC-522 form.
  - Complete and submit the [ABC-522-ATT-E](#).
- **If Applicant is a trust**, enter name.
  - Complete and submit this ABC-522 form.
  - Complete and submit the [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.

**APPLICATION FOR NEIGHBORHOOD-RESTRICTED SPECIAL ON-SALE GENERAL LICENSE (TYPE 87) – TRUSTS (ATTACHMENT F)**

**APPLICANT INFORMATION:** This form is intended as an attachment to the [ABC-522](#) form. This is not a standalone priority application. You must complete and submit this attachment along with your completed priority license application.

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1. Trust Name

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2. Date of Trust

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3. List all controlling individuals, trustees, and beneficiaries

**Individuals:** Complete Printed Name, Title, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation **or** Establishment of the Entity, and CA Secretary of State ID #.

(Write **N/A** in each row where the column does not apply.)

Printed Name	Title	DOB (mm/dd/yyyy)	SSN (last 4) <b>or</b> Driver's License # <b>or</b> State-Issued ID # <b>or</b> Passport #	Date of Incorporation <b>or</b> Establishment of the Entity (mm/dd/yyyy)	CA Secretary of State ID #

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

**Item 1 (Trust Name)** – Enter the name of the Trust.

**Item 2 (Date of Trust)** – Enter the date of the Trust.

**Item 3 (List all controlling individuals, trustees, and beneficiaries)**

**Individuals:** Complete Printed Name, Title, DOB, and SSN **or** Driver's License # **or** State-Issued ID # **or** Passport #.

**Entities:** Complete Printed Name, Date of Incorporation or Establishment of the Entity, and CA Secretary of State ID #.

(Write **N/A** in each row where the column does not apply.)

- Printed Name – The full legal name of the person or entity
- Title – The title of the person or entity
- DOB – The date of birth of an individual (not required for an entity)
- SSN (last 4) **or** Driver's License # **or** State-Issued ID # **or** Passport # – The last four digits of their social security number (SSN) **or** driver's license **or** state-issued identification number **or** passport number, if an individual (not required for an entity)
- Date of Incorporation **or** Establishment of the Entity (mm/dd/yyyy) – The date of incorporation **or** establishment of the entity, if an entity (not required for individuals)
- CA Secretary of State ID # – The state business identification number from the Secretary of State, if an entity (not required for individuals)