

Department of Alcoholic Beverage Control
APPLICATION QUESTIONNAIRE

State of California
 Gavin Newsom, Governor

Please read instructions, which includes Privacy Notice, before completing 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.)

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|--|---|
| | P-12 LICENSEE <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, complete form ABC-811)</i> |
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|---|--|
| 2. LICENSE TYPE(S) (Check appropriate items) | 3. TRANSACTION TYPE (Check appropriate item) |
| <input type="checkbox"/> 20 Off-Sale Beer & Wine | <input type="checkbox"/> Original (New) |
| <input type="checkbox"/> 21 Off-Sale General | <input type="checkbox"/> Person-to-Person Transfer (check appropriate section): |
| <input type="checkbox"/> 40 On-Sale Beer | <input type="checkbox"/> Section 24071 (Surviving spouse, corporations, fiduciaries, etc.) |
| <input type="checkbox"/> 41 On-Sale Beer & Wine Eating Place | <input type="checkbox"/> Section 24071.1 (Corporate Stock/Limited Partnership) |
| <input type="checkbox"/> 42 On-Sale Beer & Wine Public Premises | <input type="checkbox"/> Section 24071.2 (Limited Liability Company) |
| <input type="checkbox"/> 47 On-Sale General Eating Place | <input type="checkbox"/> Premises-to-Premises Transfer |
| <input type="checkbox"/> 48 On-Sale General Public Premises | <input type="checkbox"/> Exchange |
| <input type="checkbox"/> Other | <input type="checkbox"/> 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 INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. BUSINESS NAME (DBA) YOU WILL USE _____ |
|------------------------------------|--|---|

| | |
|---|--|
| 9. BUSINESS MAILING ADDRESS (Street number and name, city, state, zip code) _____ | 10. MAILING ADDRESS <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary |
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| 11. ABC LICENSE COST (Item #33a on reverse) _____ | 12. SUBTOTAL (Item #33f on reverse) _____ |
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| 13. HAS THE APPLICANT(S) EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

15. IF YES TO ITEM 13 OR 14, PLEASE EXPLAIN _____

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|---|------------------------------|
| 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 <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, LIST ESTIMATED COMPLETION DATE _____ | 20. FRANCHISE <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|

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|---|-----------------------------------|
| 21. NAME OF PERSON WE MAY CONTACT (For the applicant) _____ | 22. TITLE OF CONTACT PERSON _____ |
|---|-----------------------------------|

| | |
|------------------------------------|----------------------------------|
| 23. CONTACT TELEPHONE NUMBER _____ | 24. CONTACT E-MAIL ADDRESS _____ |
|------------------------------------|----------------------------------|

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|--|-------------------------------|--|--------------------------|
| 25. PREMISES IS CURRENTLY LICENSED <input type="checkbox"/> Yes <input type="checkbox"/> No | IF YES, TYPE OF LICENSE _____ | 26. CURRENT LICENSE IS OPERATING <input type="checkbox"/> Yes <input type="checkbox"/> No | IF NO, DATE CLOSED _____ |
|--|-------------------------------|--|--------------------------|

FINANCIAL INFORMATION

| | | |
|---------------------------------|--------------------------------|------------------------|
| 27. ESCROW COMPANY'S NAME _____ | ESCROW COMPANY'S ADDRESS _____ | TELEPHONE NUMBER _____ |
|---------------------------------|--------------------------------|------------------------|

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|--|---------------------------------------|------------------------|
| 28. BOOKKEEPER/ACCOUNTANT'S NAME _____ | BOOKKEEPER/ACCOUNTANT'S ADDRESS _____ | TELEPHONE NUMBER _____ |
|--|---------------------------------------|------------------------|

| | | |
|---------------------------|--------------------------|------------------------|
| 29. LANDLORD'S NAME _____ | LANDLORD'S ADDRESS _____ | TELEPHONE NUMBER _____ |
|---------------------------|--------------------------|------------------------|

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|------------------------|---------------------------------|---|
| 30. MONTHLY RENT _____ | 31. LEASE EXPIRATION DATE _____ | 32. INDICATE WHETHER LEASE OR RENTAL AGREEMENT INCLUDES FURNITURE OR FIXTURES <input type="checkbox"/> All <input type="checkbox"/> Some <input type="checkbox"/> 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 (<i>Usually should equal the recorded notice</i>) | \$ |
| 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 | <i>Gift</i> | <i>John Doe, Brother</i> |
| \$15,000 | <i>Promissory Note</i> | <i>to seller, payable @ \$1,000 per month for 15 months</i> |
| \$10,000 | <i>Loan</i> | <i>from ABC Bank, @ 8.5% over 5 yrs; monthly payment = \$2,052</i> |
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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 |
|---|--------------|-------------|
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ATTEST (ABC Employee or Notary Public)