

CATERING AUTHORIZATION APPLICATION

Refunds will not be issued for events canceled on or after the date of the event. Please review [Form ABC-218 INSTR](#) before submitting this application. APPLY ONLINE: License Administrators and their designees can apply online at <https://services.abc.ca.gov>.

LICENSE NUMBER
RECEIPT NUMBER
TOTAL FEE
\$

SECTION 1

1. LICENSEE NAME(S) (If an individual, first name, middle name, last name.)		
2. CONTACT PERSON	3. CONTACT PHONE NUMBER	4. CONTACT EMAIL ADDRESS
5. LICENSED PREMISES ADDRESS		6. MAILING ADDRESS (IF DIFFERENT)
7. EVENT LOCATION (Street number and name, city, zip code)		
8. DESCRIPTION OF LOCATION (Parking lot, office building, residence, county/city park, etc.) EVENT OUTSIDE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
9. EVENT LOCATION IS WITHIN THE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	10. EVENT DATE(S)	11. TOTAL NUMBER OF DAY(S)
12. EVENT HOURS From _____ To _____	13. EVENT OPEN TO THE PUBLIC <input type="checkbox"/> Yes <input type="checkbox"/> No	14. ESTIMATED DAILY ATTENDANCE

SECTION 2 CATERING EVENT

15. EVENT TYPE <input type="checkbox"/> Convention <input type="checkbox"/> Trade Exhibit <input type="checkbox"/> Social Gathering <input type="checkbox"/> Anniversary <input type="checkbox"/> Sporting Event <input type="checkbox"/> Picnic <input type="checkbox"/> Wedding <input type="checkbox"/> Birthday <input type="checkbox"/> Other _____				16. NUMBER OF EVENTS CATERED THIS YEAR AT THIS LOCATION
17. ORGANIZATION SPONSORING EVENT		18. PERSON IN CHARGE OF EVENT		
19. MAILING ADDRESS		20. PHONE NUMBER OF ABOVE PERSON		

SECTION 3 EVENT AUTHORIZED PURSUANT TO BUSINESS AND PROFESSIONS CODE SECTION 25600.5

21. SUPPLIER NAME	22. SUPPLIER LICENSE NUMBER
23. SUPPLIER CONTACT PERSON	24. SUPPLIER CONTACT PHONE NUMBER

SECTION 4

I declare under penalty of perjury that to the best of my knowledge these statements are true and correct.

LICENSEE PRINTED NAME	LICENSEE SIGNATURE	DATE SIGNED
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SECTION 5 LOCAL LAW ENFORCEMENT AGENCY APPROVAL (IF APPLICABLE)

SIGNATURE	TITLE	DATE SIGNED
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SECTION 6 AUTHORIZATION (For ABC Use Only)

PROPERTY OWNER APPROVAL REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	CONDITIONS/ACKNOWLEDGMENTS REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	DIAGRAM REQUIRED <input type="checkbox"/> Yes, attached <input type="checkbox"/> No	LAW ENFORCEMENT APPROVAL REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No
DISTRICT APPROVAL BY (Name)		ABC EMPLOYEE SIGNATURE	DATE SIGNED