

(ABC Use Only)

**Effective July 1, 2012 Revenue and Taxation Code, Section 7057, authorizes the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department of Alcoholic Beverage Control. The Department may suspend, revoke, and refuse to issue a license if the licensee's name appears in the 500 largest tax delinquencies list. (Business and Professions Code Section 494.5.)**

LICENSE NUMBER	
RECEIPT NUMBER	
FEE PAID \$	COPIES MAILED DATE
DISTRICT CODE	GEO CODE

**SECTION 1- LICENSEE(S) INFORMATION**

1. LICENSEE'S NAME	2. DOING BUSINESS AS (DBA)	3. DATE
4. PROPOSED PREMISES ADDRESS		5. DISTRICT OFFICE
6. MAILING ADDRESS		7. LICENSEE'S PHONE NUMBER

**SECTION 2- APPLICATION FOR PERMIT/LICENSE**

8. TYPE OF PERMIT/LICENSE	9. NUMBER OF PERMIT/LICENSES	10. PRINCIPAL/MASTER LICENSE NUMBER
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I/We apply for the permit/license(s) checked below

<input type="checkbox"/> a. Caterer's Permit (Type 58)	<input type="checkbox"/> f. Brandy Importer (Type 11)	<input type="checkbox"/> j. Duplicate (Type 48)
<input type="checkbox"/> b. Controlled Access Cabinet (Type 66)	<input type="checkbox"/> g. Distilled Spirits Importer (Type 12)	<input type="checkbox"/> k. Event Permit (Type 77)
<input type="checkbox"/> c. Portable Bar (Type 68)	<input type="checkbox"/> h. Duplicate (Type 02)	<input type="checkbox"/> l. Certified Farmer's Market (Type 79 or 84)
<input type="checkbox"/> d. Beer & Wine Importer (Type 09)	<input type="checkbox"/> i. Duplicate (Type 47)	<input type="checkbox"/> m. Other _____
<input type="checkbox"/> e. Duplicate (Type 01 or 23) ----- Retail Sales/Tasting location?	<input type="checkbox"/> *Yes	<input type="checkbox"/> No
*Beer Manufacturing Temporary Permit requested - please check <input type="checkbox"/>		

**SECTION 3- SIGNATURE** (Only one signature required)

11. CERTIFICATION FOR SIGNATURE OF A LICENSED PRINCIPAL

I declare under penalty of perjury that I am authorized to sign for licensed entity identified in Item 1, above.  
 I have read the foregoing and know the contents thereof. Signature must be notarized unless witnessed by ABC employee.

12. SIGNATURE	13. PRINTED NAME AND TITLE	14. DATE
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*ABC USE ONLY*

RECOMMENDATION	AGENT'S SIGNATURE (if investigation required)	DATE SIGNED
RECOMMENDATION	SUPERVISOR'S SIGNATURE	DATE SIGNED

Distribution: Original to Headquarters Cashier

ABC-220 to follow  
 Conditions to follow; Hold in HQ until received