

# LICENSED PREMISES DIAGRAM (NON-RETAIL)

1. APPLICANT'S NAME(S) (If an individual, last name, first name, middle name. Name of entity if corporation, limited partnership or limited liability company.)	2. LICENSE TYPE
3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET

The diagram below is a true and correct description of the entrances, exits, interior walls and exterior boundaries of the premises to be licensed, including dimensions and identification of each room (i.e., "storeroom", "office", etc.). The area to be licensed must be outlined in red.

## DIAGRAM

It is hereby declared that the above-described premises and character of premises, as indicated on the reverse side, will not be changed in accordance with Rule 64.2 of the California Code of Regulations without first notifying and securing written approval of the Department of Alcoholic Beverage Control. Substantial changes to the premises may require an application fee in accordance with Section 24072 of the Business and Professions Code. I declare under penalty of perjury that the foregoing is true and correct.

APPLICANT SIGNATURE (Only one signature required)	DATE SIGNED
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### FOR ABC USE ONLY

CERTIFIED CORRECT (Signature)	PRINTED NAME	INSPECTION DATE
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**PLANNED OPERATION (NON-RETAIL)**

1. APPLICANT'S NAME(S) (If an individual, last name, first name, middle name. Name of entity if corporation, limited partnership or limited liability company.)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)

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4. PREMISES (Check all that apply)

Office	Warehouse	Production Facility	Alternating Proprietorship	Tasting Room	Joint Tasting Room
Restaurant on Premises		Shared Common Area (i.e. You intend to share a common licensed area with another licensee)			

5. MANUFACTURE	IMPORT	WHOLESALE (Distribute)
Beer    Wine    Distilled Spirits	Beer    Wine    Distilled Spirits	Beer    Wine    Distilled Spirits

6. SELL TO	6a. Will you be selling cocktails or single servings of wine to-go?    Yes    No
Retailers    Wholesalers    Export out of California    Consumers	

7. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

8. LIST ANY BRAND NAME(S) AND TYPE(S) OF ALCOHOL PRODUCT YOU WILL MANUFACTURE/IMPORT/DISTRIBUTE

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9. IF CONTRACTING WITH A MANUFACTURER TO MAKE A CUSTOM PRODUCT TO BE SOLD UNDER YOUR BRAND NAME LIST NAME AND LICENSE NUMBER OF MANUFACTURER.

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10. LIST NAME(S) AND ADDRESS(ES) OF ALL SUPPLIERS OF **ALCOHOLIC BEVERAGES** (Street number and name, city, state, zip code)

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11. ALCOHOLIC BEVERAGES WILL BE SHIPPED TO MY CUSTOMERS FROM (STREET NUMBER AND NAME, CITY, STATE, ZIP CODE)

Applied-for premises

Type 14 (Public Warehouse)	ABC License Number _____	Address _____
Other (E.G. Duplicate 02)	ABC License Number _____	Address _____

12. ALCOHOLIC BEVERAGES WILL BE STORED AT (Street number and name, city, state, zip code)	13. BUSINESS RECORDS WILL BE MAINTAINED AT (Street number and name, city, state, zip code)
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14. FEDERAL BASIC PERMIT REQUIRED FROM ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)?

Yes    No    APPLICATION DATE \_\_\_\_\_

15. IF APPLYING FOR TYPE 02 WINEGROWER LICENSE OR TYPE 22 WINEBLENDER LICENSE, LIST BONDED WINERY PERMIT NUMBER ISSUED BY TTB (REQUIRED)

BONDED WINERY PERMIT NUMBER \_\_\_\_\_

16. REGISTRATION REQUIRED FROM STATE BOARD OF EQUALIZATION?

Yes    No    REGISTRATION DATE \_\_\_\_\_

**FOR ABC USE ONLY**

INFORMATION PROVIDED	PROVIDED BY (Name)	DATE PROVIDED
ABC-579 Instructions to Beer Suppliers		
ABC-413 Instructions to Distilled Spirits Shipper		
ABC-414 Distilled Spirits Shipper Agreement		

COMMENTS/ADDITIONAL INFORMATION

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