

LICENSED PREMISES DIAGRAM (RETAIL)

1. APPLICANT NAME (if Individual: Last, first, middle)	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.)*.

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

SECTION I - FOR ALL RETAIL APPLICANTS

1. APPLICANT NAME(S) (If Individual: Last, First, Middle Initial)	2. LICENSE TYPE(S)
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3. PREMISES ADDRESS (Street number and name, city, zip code)	4. NEAREST CROSS STREET
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5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

<input type="checkbox"/> Full Service Restaurant	<input type="checkbox"/> Cafeteria/Hofbrau	<input type="checkbox"/> Cocktail Lounge	<input type="checkbox"/> Private Club
<input type="checkbox"/> Deli or Specialty Restaurant	<input type="checkbox"/> Comedy Club	<input type="checkbox"/> Night Club	<input type="checkbox"/> Veterans Club
<input type="checkbox"/> Cafe/Coffee Shop	<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Fraternal Club
<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Theater	<input type="checkbox"/> Wine Tasting Room	

<input type="checkbox"/> Supermarket	<input type="checkbox"/> Membership Store	<input type="checkbox"/> Service Station	<input type="checkbox"/> Swap Meet/Flea Market
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Department Store	<input type="checkbox"/> Convenience Market	<input type="checkbox"/> Drive-in Dairy
<input type="checkbox"/> Variety/Drug Store	<input type="checkbox"/> Gift Shop/Florist	<input type="checkbox"/> Convenience Market w/Gasoline	
<input type="checkbox"/> Other - describe: _____			

6. PATRON CAPACITY	7. SURROUNDING AREA <input type="checkbox"/> Commercial <input type="checkbox"/> Rural <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____	8. PREMISES IS LOCATED IN <input type="checkbox"/> Free Standing Building <input type="checkbox"/> Shopping Center (Name): _____ <input type="checkbox"/> 10 Units or Less <input type="checkbox"/> More than 10 Units
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9. FOOD SERVICE <input type="checkbox"/> None <input type="checkbox"/> Minimal <input type="checkbox"/> Full Meals	10. PARKING LOT? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. PATIO? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. WILL YOU HIRE A MANAGER? (Rule 57.5) <input type="checkbox"/> Yes <input type="checkbox"/> No	13. WILL YOU HAVE A FOOD LESSEE? (Rule 57.7) <input type="checkbox"/> Yes <input type="checkbox"/> No
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14. MEAL TYPE <input type="checkbox"/> Dinner House <input type="checkbox"/> Seafood <input type="checkbox"/> Fast Food/Deli <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pizza/Pasta _____	15. TYPE OF FOOD <input type="checkbox"/> American <input type="checkbox"/> Greek <input type="checkbox"/> Indian <input type="checkbox"/> French <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Italian <input type="checkbox"/> Thai <input type="checkbox"/> Japanese <input type="checkbox"/> Other: _____	16. HOURS OF FOOD SERVICE BREAKFAST HOURS From: _____ To: _____ LUNCH HOURS From: _____ To: _____ DINNER HOURS From: _____ To: _____
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17. OPERATING HOURS	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

18. ENTERTAINMENT (One or more may apply. Please describe any entertainment with an asterisk (*) below)

<input type="checkbox"/> None	<input type="checkbox"/> *Amplified Music	<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Card Room
<input type="checkbox"/> Recorded Music	<input type="checkbox"/> *Live Entertainment	<input type="checkbox"/> Bikini/Topless/Exotic	<input type="checkbox"/> Movies
<input type="checkbox"/> Juke Box	<input type="checkbox"/> *Floor/Stage Shows	<input type="checkbox"/> Pool/Billiard Tables	<input type="checkbox"/> "Hot Spot"/Lottery
<input type="checkbox"/> *Other	<input type="checkbox"/> Karaoke	<input type="checkbox"/> *Amateur/Pro Sports Events	<input type="checkbox"/> Video/Coin-Operated Games

*Description: _____

19. PREMISES IS LOCATED ON <input type="checkbox"/> Major Thoroughfare <input type="checkbox"/> Secondary Street <input type="checkbox"/> Other _____	20. TYPE OF STRUCTURE <input type="checkbox"/> Single Story <input type="checkbox"/> Two-Story <input type="checkbox"/> Multi-Story - Number of stories: _____
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21. PASS-THROUGH WINDOW? <input type="checkbox"/> Yes <input type="checkbox"/> No	22. FIXED BARS? <input type="checkbox"/> Yes - how many: _____ <input type="checkbox"/> No	23. WHAT PERCENTAGE OF YOUR TOTAL SALES WILL BE ALCOHOLIC BEVERAGES?
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24. INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)	25. DATE ENTERED INTO CABIN
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