

LICENSED PREMISES DIAGRAM (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 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'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)	4. NEAREST CROSS STREET
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5. TYPE OF BUSINESS (Choose one that best describes the planned operation)

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

Supermarket	Membership Store	Service Station	Swap Meet/Flea Market
Liquor Store	Department Store	Convenience Market	Drive-in Dairy
Variety/Drug Store	Gift Shop/Florist	Convenience Market w/Gasoline	

Other - describe: _____

6. FOOD SERVICE	7. MEAL TYPE
None Minimal Full Meals	Dinner House Seafood Fast Food/Deli Pizza/Pasta Other: _____

8. TYPE OF FOOD

American Chinese French Greek Indian Italian Japanese Korean Mexican Thai Other: _____

9. HOURS OF FOOD SERVICE:

BREAKFAST HOURS - From: _____ To: _____ LUNCH HOURS - From: _____ To: _____ DINNER HOURS - From: _____ To: _____

10. OPERATING HOURS:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Opening Time							
Closing Time							

11. ENTERTAINMENT: (One or more may apply. Please describe any entertainment with an asterick (*) below)

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

*Description: _____

12. YES OR NO QUESTIONS :

a) Will you hire a manager? (Rule 57.5)	Yes	No
b) Will you have a food lessee? (Rule 57.7)	Yes	No
c) Do you intend to sell cocktails or servings of wine to go?.....	Yes	No
d) Does your business have a pass-through window?	Yes	No
e) Does your business have any fixed bars?.....	Yes	No
i) If yes, how many? _____		
f) Does your business have a patio?.....	Yes	No
g) Will you share a common licensed area with another licensee?.....	Yes	No
h) Does the premises have a parking lot?.....	Yes	No
i) If yes, is it shared with other business?.....		

15. PREMISES IS LOCATED ON :

Major Thoroughfare Secondary Street Other : _____

16. PREMISES LOCATED IN :

Free Standing Building

Shopping Center (name) : _____

10 Units or Less More than 10 Units

17. SURROUNDING AREA :

Commercial Industrial Residential

Rural Other : _____

18. TYPE OF STRUCTURE :

Single Story Two-Story

Multi-Story - Number of Stories: _____

13. What percentage of your total sales will be from alcoholic beverages?	14. Patron Capacity
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INFORMATION GIVEN (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)