

**PLANNED OPERATIONS RETAIL**

1. **Applicant Name(s)** (If an individual: first name, middle name, last name. If a corporation, limited partnership, or limited liability company: name of entity)

2. **License Type(s)**

3. **Premises Address** (Street number and name, city, zip code)

4. **Nearest Cross Street**

5. **Type of Business** (Choose all that apply)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Bed & Breakfast    | <input type="checkbox"/> Convenience Market | <input type="checkbox"/> Full-Service Restaurant | <input type="checkbox"/> Supermarket           |
| <input type="checkbox"/> Brew Pub           | <input type="checkbox"/> w/Gasoline         | <input type="checkbox"/> Gift Shop/Florist       | <input type="checkbox"/> Swap Meet/Flea Market |
| <input type="checkbox"/> Café/Coffee Shop   | <input type="checkbox"/> Deli or Specialty  | <input type="checkbox"/> Liquor Store            | <input type="checkbox"/> Tavern                |
| <input type="checkbox"/> Cafeteria/Hofbrau  | <input type="checkbox"/> Restaurant         | <input type="checkbox"/> Membership Store        | <input type="checkbox"/> Theater               |
| <input type="checkbox"/> Cocktail Lounge    | <input type="checkbox"/> Department Store   | <input type="checkbox"/> Night Club              | <input type="checkbox"/> Variety/Drug Store    |
| <input type="checkbox"/> Comedy Club        | <input type="checkbox"/> Drive-in Dairy     | <input type="checkbox"/> Private Club            | <input type="checkbox"/> Veterans Club         |
| <input type="checkbox"/> Convenience Market | <input type="checkbox"/> Fraternal Club     | <input type="checkbox"/> Service Station         | <input type="checkbox"/> Wine Tasting Room     |
| <input type="checkbox"/> Other (Describe):  |   |  |  |

6. **Food Service**

- |                               |                                  |                                       |
|-------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Minimal | <input type="checkbox"/> Full Service |
|-------------------------------|----------------------------------|---------------------------------------|

7. **Meal Type**

- |  |   |                                      |                                  |
|--|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> Dinner House      | <input type="checkbox"/> Fast Food/Deli | <input type="checkbox"/> Pizza/Pasta | <input type="checkbox"/> Seafood |
| <input type="checkbox"/> Other (Describe): |   |                                      |                                  |

8. **Type of Food**

- |  |                                 |                                   |                                  |
|--|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> American          | <input type="checkbox"/> French | <input type="checkbox"/> Japanese | <input type="checkbox"/> Mexican |
| <input type="checkbox"/> Chinese           | <input type="checkbox"/> Greek  | <input type="checkbox"/> Korean   | <input type="checkbox"/> Thai    |
| <input type="checkbox"/> Other (Describe): |                                 |                                   |                                  |

9. **Hours of Food Service**

Breakfast Hours		Lunch Hours		Dinner Hours	
From:	To:	From:	To:	From:	To:

10. **Operating Hours** (Check the box for each day you are open. Enter time as "HH:MM AM/PM," i.e., "09:00 AM")

- |  |   |
|--|---|
| <input type="checkbox"/> Sunday: _____ to _____    | <input type="checkbox"/> Thursday: _____ to _____ |
| <input type="checkbox"/> Monday: _____ to _____    | <input type="checkbox"/> Friday: _____ to _____   |
| <input type="checkbox"/> Tuesday: _____ to _____   | <input type="checkbox"/> Saturday: _____ to _____ |
| <input type="checkbox"/> Wednesday: _____ to _____ |   |

**PLANNED OPERATIONS RETAIL (Continued)**

**11. Entertainment** (One or more may apply. Please describe any entertainment with an asterisk (\*) below.)

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

\*Describe:

**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  
If yes, how many?
- f. Does your business have a patio?.....  Yes  No
- g. Does your business have a non-contiguous area (area not attached to the main premises)?.....  Yes  No
- h. Will you share a common licensed area with another licensee?.....  Yes  No
- i. Does the premises have a parking lot?.....  Yes  No  
If yes, is it shared with other businesses?.....  Yes  No

**13. What percentage of your total sales will be from alcoholic beverages?**

**14. Patron Capacity**

**15. Premises Located On**

- Major Thoroughfare
- Secondary Street
- Other (Describe):

**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 (Describe):

**18. Type of Structure**

- Single Story
- Two Story
- Multi-Story – Number of Stories:

**FOR ABC USE ONLY**

**Information Provided** (R-27, R-107, Sec. 25612.5, Sec. 23790.5, etc.)