

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.)

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

*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:

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