

**APPLICATION TO DETERMINE
QUALIFICATIONS OF LESSEE**

LICENSE NUMBER
RECEIPT NUMBER
FEE
\$

PART I: To be completed by lessee

I hereby request the Department of Alcoholic Beverage Control to determine my qualifications as:

Lessee of the restaurant portion of the on-sale licensed premises designated below, as provided by Rule 57.7 of the Department's Regulations and pursuant to Business and Professions Code Section 23787.

1. APPLICANT NAME

2. PREMISES

Where leased
or
 Where will be leased

LICENSEE NAME
PREMISES ADDRESS (Street number and name, city, zip code)
APPLICANT MAILING ADDRESS (Street number and name, city, state, zip code)

3. Do you have a written agreement/contract? Yes _____ No _____
(If Yes, Attach Copy)

4. Have you ever been a lessee of a licensed premises against which disciplinary action has been taken by the Department during course of said employment or lease? Yes No

5. Explain YES answer

I declare under penalty of perjury that I am the applicant named in the foregoing application, that I have read the foregoing application and know the contents thereof, and that each and every statement made and answer given therein is true and correct.

APPLICANT SIGNATURE	DATE SIGNED
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PART II: To be completed by on-sale licensee

The restaurant portion of the on-sale premises licensed as indicated above (will be leased) (has been leased to the above applicant). I further acknowledge that, as licensee, I am responsible for the sale/service of alcoholic beverages and any violations of the Alcoholic Beverage Control Act that may occur on said leased portion of the premises. I agree to promptly notify the Department upon termination of said lease.

LICENSEE MAILING ADDRESS (Street number and name, city, state, zip code)
LICENSEE SIGNATURE