

**APPLICATION TO DETERMINE
QUALIFICATIONS OF MANAGER**

LICENSE NUMBER
RECEIPT NUMBER
FEE
\$

PART I: To be completed by manager

I hereby request the Department of Alcoholic Beverage Control to determine my qualifications as manager of the on-sale licensed premises designated below, as provided by Rule 57.6 of the Department's Regulations and pursuant to Business and Professions Code Section 23788.5. (\$140.00 non-refundable fee)

APPLICANT NAME	LICENSEE NAME
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PREMISES ADDRESS _____

1. Date assumed managerial duties at licensed premises? _____

2. Have you been previously qualified as a manager by the Department?

Yes _____ No _____ If Yes, list name and address of business(es) you managed:

Dates of employment as manager at that location(s): _____

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

4. Salary? _____ (Yearly / Monthly / Bi-weekly / Weekly / Percentage).

5. Commission or bonus? Yes _____ No _____ If Yes, gross or net? _____

6. Managerial duties:

Hire & fire employees?	Yes _____	No _____
Order new merchandise?	Yes _____	No _____
Participate in policy decisions?	Yes _____	No _____
Authority to write checks?	Yes _____	No _____
Other applicable duties?	Yes _____	No _____

7. Are you replacing an already qualified manager at this premises?

Yes _____ No _____ If Yes, prior manager's name: _____

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

The facts concerning the employment as manager of the above-listed applicant are true as indicated. I further agree that I will promptly provide a copy of any written agreement or letter that may exist pertaining to the manager's duties, responsibilities and/or amount and manner of compensation and further will notify the Department upon the termination of applicant's employment as manager or transfer to another premises.

DATE OF EMPLOYMENT OR EXPECTED EMPLOYMENT _____

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

LICENSEE SIGNATURE _____